FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Bandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 OCT -3 AM 8: 38 **DOCUMENT # 466610** SECRETARY OF STATE TALLAHASSEE, FLORIDA Gladrich Florist, Inc. Principal Place of Business Mailing Address 2685 Tamimai Trail Port Charlotte, Port Charlotte, FL Florida 3. Date Incorporated or Qualified 3a. Date of Last Report 33952 12-27-74 1-96 2. Principal Place of Business
21 Port Charlotte 24. Mailing Address 4. FFI Numbe Applied For 26 59-1608778 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Port Charlotte Trust Fund Contribution 23 28 Added to Fees Country Country Zin Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 9. Name and Address of Current Registered Agent 30 Florida Statutes 10. Name and Address of New Registered Agent 81 Name Mary L. Geer Eva Roberts 2739 Taylor Road Street Address (P.O. Box Number is Not Acceptable)
22107 Elmira Boulevard 62 83 Punta Gorda, FL 33950 84 City 79652 Port Charlotte Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the poligations of, Section 607.0505, Florida Statutes. 9-22-97 SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. (96/6) 13. DELETE CX Change Addition 1.1 TITLE P/VP/T/S TITLE 1.2 NAME Judith M. Zsembik NAME CR2E034 13 STREET ADDRESS N7, 4158 Tamiami Trail STREET ADDRESS Port Charlotte, Florida 33952 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 700002313987--\$ -10/07/97--01050--028 STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP -DELETE 3.1 TITLE ****550,00 Chine**550000 TITE F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP 700002313987— DELETE 41 TITLE TITLE NAME 4.2 NAME -10/07/97--01050--029 ******8.75 ******8.7 STREET ADDRESS 4 3 STREET ADDRESS *******8.75 CITY - ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADORESS 5 3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(941)625-2436

9-22-97