*FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0031733

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 31 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 511738

1. Corporation Name
FLORIDA FLORAL SUPPLY, INC.

[redacted]

Principal Place of Business	Mailing Address
168 W. ECHO STREET (ZIP-32080) P.O. BOX 128 PIERSON FL 32180	168 W. ECHO STREET (ZIP-32080) P.O. BOX 128 PIERSON FL 32180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 09/02/1976

4. FEI Number: 59-1677931 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOLL RICHARD H
612 HAGSTROM ROAD
PIERSON FL 32180

10. Name and Address of New Registered Agent

81 Name: NOLL, PAMELA L.
82 Street Address (P.O. Box Number is Not Acceptable): 612 HAGSTROM ROAD
83
84 City: PIERSON — FL — 85 Zip Code: 32180

11. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pamela L. Noll — DATE: 1-15-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOLL, RICHARD H. 180 WEST ECHO ST PIERSON, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P,T. NOLL, RICHARD H. 612 HAGSTROM ROAD PIERSON, FL. 32180	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V,S. NOLL, PAMELA L. 612 HAGSTROM ROAD PIERSON, FL. 32180	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	000000290015--5 -02/23/99--90091--015 ****133.75 ****133.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	02-23-99 90091 015 $133.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000000290015--5 -04/06/99--01084--018 *****25.00 *****25.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

3/31/99

14. I 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, with all other like empowered.

1-15-99 (904) 328-2484