FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAR 13 AM 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 551026

1. Corporation Name

McLaren's Florist

Principal Place of Business: 6201 SOUTH DIXIE HWY WEST PALM BEACH, FL. 33405

Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/9/1977
3a. Date of Last Report: 6/10/94
4. FEI Number: 59-1779174 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business
21 N/A
22 Suite, Apt. #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 N/A
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: ELEANOR ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 1584 PRAIRIE ROAD
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33406

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 Eleanor Robinson 3-5-95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PR	☐ Change ☐ Addition
1.2 NAME	MARY A. MCLAREN	
1.3 STREET ADDRESS	6201 S. DIXIE HWY	
1.4 CITY ST ZIP	WEST PALM BCH, FL 33405	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	ROBERT E. MCLAREN	
2.3 STREET ADDRESS	6201 S DIXIE HWY	
2.4 CITY ST ZIP	WEST PALM BCH, FL 33405	
3.1 TITLE	T, S	☒ Change ☐ Addition
3.2 NAME	ELEANOR ROBINSON	
3.3 STREET ADDRESS	1584 PRAIRIE ROAD	
3.4 CITY ST ZIP	WEST PALM BCH, FL. 33406	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP	CH	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert E. McLaren Mary A. McLaren 5 MAR 95 A/C (407) 585-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone