

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

FILED
May 21 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 606264 (0)
1. Corporation Name
AMERICAN FLOWER FARMS, INC.



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|---|---|
| Principal Place of Business HWY #17 AT HWY #207 P.O. BOX 607 EAST PALATKA FL 32131 US | Mailing Address HWY #17 AT HWY #207 P.O. BOX 607 EAST PALATKA FL 32131 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 01/10/1979 | |
| 4. FEI Number 59-1879515 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MACHEK, JAMES E. HWY. 607 ORANGE MILLS P.O. BOX 607 E. PALATKA FL 32131 | | | | 10. Name and Address of New Registered Agent 81 Name ANGELA M. STONE 82 Street Address (P.O. Box Number is Not Acceptable) 101 JOYCE LANE 83 P. O. BOX 607 84 City EAST PALATKA FL 85 Zip Code 32131 | | | |
|---|--|--|--|--|--|--|--|

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 ANGELA M. STONE, PRESIDENT *Angela M. Stone* DATE APRIL 17, 1998

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input checked="" type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.1 TITLE VSD | | | | PD | | | |
| 1.2 NAME STONE, ANGELA M. | | | | STONE, ANGELA M. | | | |
| 1.3 STREET ADDRESS 219 HWY 17TH SOUTH | | | | 101 JOYCE LANE | | | |
| 1.4 CITY-ST-ZIP E. PALATKA FL | | | | EAST PALATKA, FL 32131 | | | |
| <input checked="" type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.1 TITLE D | | | | VSD | | | |
| 2.2 NAME LANGFORD, MONIQUE | | | | LANGFORD, MONIQUE | | | |
| 2.3 STREET ADDRESS 219 HWY 17 SOUTH | | | | 101 JOYCE LANE | | | |
| 2.4 CITY-ST-ZIP E. PALATKA FL | | | | EAST PALATKA, FL 32131 | | | |
| <input checked="" type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.1 TITLE D | | | | D | | | |
| 3.2 NAME MACHEK, JAMES E. | | | | MACHEK, JAMES E. | | | |
| 3.3 STREET ADDRESS P.O. BOX 607, HWY #17 | | | | 834 KINGSTON AVENUE | | | |
| 3.4 CITY-ST-ZIP E. PALATKA FL | | | | DAYTONA BEACH, FL 32114 | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.1 TITLE | | | | | | | |
| 4.2 NAME | | | | | | | |
| 4.3 STREET ADDRESS | | | | | | | |
| 4.4 CITY-ST-ZIP | | | | | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.1 TITLE | | | | | | | |
| 5.2 NAME | | | | | | | |
| 5.3 STREET ADDRESS | | | | | | | |
| 5.4 CITY-ST-ZIP | | | | | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.1 TITLE | | | | | | | |
| 6.2 NAME | | | | | | | |
| 6.3 STREET ADDRESS | | | | | | | |
| 6.4 CITY-ST-ZIP | | | | | | | |

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 any attachment with an address.

SIGNATURE *James E. Macheck* JAMES E. MACHEK APRIL 17, 1998 904-312-0096

CR2E034 (10/97)