FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 -2494 B-0170 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

200.00

DOCUMENT # **696358** (1)

1. Corporation Name

PLANTATION KEY FLOWER SHOP, INC.

Principal Place of Business

90290 OVERSEASE HWY.. P.O. BOX 496
C/O BETH P WATSON
TAVERNIER FL 33070

Mailing Address

90290 OVERSEASE HWY.. P.O. BOX 496
C/O BETH P WATSON
TAVERNIER FL 33070

3. Date Incorporated or Qualified: 07/28/1981
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-2131841 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $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 90290 Overseas Hwy.
Suite, Apt. #, etc.
22 P.O. Box 496
City & State
23 Tavernier, FL
Zip 24 33070 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 496
Suite, Apt. #, etc.
27
City & State
28 Tavernier, FL
Zip 29 33070 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

WATSON, BETH P
US HWY NO 1, MILE MARKER 90 1/2
TAVERNIER FL

10. Name and Address of New Registered Agent

81 Name: Tammi W. DeCoste
82 Street Address (P.O. Box Number is Not Acceptable): 14 Bonita Ave.
83
84 City: Key Largo FL 85 Zip Code 33037

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 Tammi W. DeCoste — DATE 1-19-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☑ DELETE	1 TITLE	P/T ☑ Change ☐ Addition
NAME	WATSON, THOMAS D		1 NAME	DeCoste; Tammi W.
STREET ADDRESS	PO BOX 212 N/A		1 STREET ADDRESS	14 Bonita Ave.
CITY-ST-ZIP	TAVERNIER, FL 00000		1 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DP	☑ DELETE	2 TITLE	V/S ☑ Change ☐ Addition
NAME	WATSON, BETH P		2 NAME	Kathy S. Crowell
STREET ADDRESS	PO BOX 212 N/A		2 STREET ADDRESS	125 Palm Ln.
CITY-ST-ZIP	TAVERNIER, FL 00000		2 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	T	☑ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	USTIANOWSKI, WENDY		3 NAME	
STREET ADDRESS	P.O. BOX 296 N/A		3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 00000		3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

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.

SIGNATURE: Tammi W. DeCoste — 1-19-96 — 305-852-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #