FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JAN 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F50507 (5)

1. Corporation Name
THE FLOWER CONE, INC.

Principal Place of Business	Mailing Address
~~C/O STANLEY L MITCHELL~~ 11140 N. 30TH STREET TAMPA FL 33612	~~C/O STANLEY L MITCHELL~~ 11140 N. 30TH STREET TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 02/15/1994

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

4. FEI Number: 59-2126938 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MITCHELL, STANLEY~~ 11140 N. 30TH STREET TAMPA FL 33612	81 Name: CHRIS CHAPMAN (Christine C. Chapman) 82 Street Address (P.O. Box Number is Not Acceptable): 10414 N. Woodmere Rd 83 84 City: Tampa FL 85 Zip Code: 33617

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: Christine C. Chapman President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed) DATE: 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PSD~~	1.1 TITLE		☒ Change ☐ Addition
NAME	~~MITCHELL, STANLEY~~	1.2 NAME		
STREET ADDRESS	~~8820 BAYAUD DR.~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	D/P/T	☐ Change ☒ Addition
NAME		2.2 NAME	CHRIS CHAPMAN	
STREET ADDRESS		2.3 STREET ADDRESS	11140 N. 30TH STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33612	
TITLE		3.1 TITLE	D/V/S	☐ Change ☒ Addition
NAME		3.2 NAME	MARY WALMACK	
STREET ADDRESS		3.3 STREET ADDRESS	11140 N. 30TH STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33612	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

$87 1/31

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: Christine C. Chapman 1/23/95 (813) 971-6084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0205316 CP