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FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G04806 (7)
1. Corporation Name
H & H FLOWERS, INC.

Principal Place of Business Mailing Address
1500 N.W. 95TH AVE. 1500 N.W. 95TH AVE.
MIAMI FL 33172 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1982

4. FEI Number

59-2226943

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HILL, JAMES A.
1500 N.W. 95TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME HILL, JIM
STREET ADDRESS 1500 N.W. 95TH AVE.
CITY-ST-ZIP MIAMI, FL 00000

TITLE STD
NAME HAIGHT, DWIGHT
STREET ADDRESS 1500 N.W. 95TH AVE.
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PRESIDENT
1.2 NAME JAMES A. HILL
1.3 STREET ADDRESS 1500 N.W. 95 AVE
1.4 CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE SECRETARY / TREASURER
2.2 NAME DWIGHT HAIGHT
2.3 STREET ADDRESS 1500 NW 95 AVE
2.4 CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME 1025 THOMAS JEFFERSON ST SUITE 600
3.3 STREET ADDRESS WASHINGTON, DC 20007
3.4 CITY-ST-ZIP

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME ROBERT POIRIER
4.3 STREET ADDRESS 1025 THOMAS JEFFERSON ST SUITE 600 WEST
4.4 CITY-ST-ZIP WASHINGTON DC 20007

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

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 in an attachment with an address.

SIGNATURE:

[Signature] Secretary of State 4-29-98 35502-11178

CR2E034 (10/97)