

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

FILED  
97 JUL 31 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G58359** (2)  
1. Corporation Name  
**BUCK & ROSS BOTANICAL WORKS, INC.**



|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>4721 46TH AVENUE N.<br/>ST. PETE FL 33714</b> | Mailing Address<br><b>4721 46TH AVENUE N.<br/>ST. PETE FL 33714</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                     |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>4719 46th Ave N</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>St. Pete FL</b><br>Zip<br>24 <b>33714</b> Country | 2a. Mailing Address<br>26 <b>4719 46th Ave N</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>St. Pete FL</b><br>Zip<br>29 <b>33714</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                              |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/07/1983</b>                                                                                                       | 3a. Date of Last Report<br><b>05/01/1996</b> |
| 4. FEI Number<br><b>59-2316860</b>                                                                                                                           | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                           | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

9. Name and Address of Current Registered Agent  
**BUCK, JANE  
4721 46TH AVE. NORTH  
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4719 46th Ave N**  
83  
84 City **St. Pete** FL 85 Zip Code **33714**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | VD                          | <input type="checkbox"/> DELETE |
| NAME           | <b>BUCK, JANE</b>           |                                 |
| STREET ADDRESS | <b>4721 46TH AVE. NORTH</b> |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>    |                                 |
| TITLE          | PD                          | <input type="checkbox"/> DELETE |
| NAME           | <b>ROSS, CHRIS</b>          |                                 |
| STREET ADDRESS | <b>4721 46TH AVE NORTH</b>  |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>    |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | <b>4719 46th Ave N</b>                                                       |
| 1.4 CITY-ST-ZIP    | <b>St. Pete FL</b>                                                           |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | <b>4719 46th Ave N</b>                                                       |
| 2.4 CITY-ST-ZIP    | <b>St. Pete FL</b>                                                           |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do 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 \_\_\_\_\_

CR2E034 (4/97)



7/25/97

To whom it may concern:

Our corporation changed it's physical location in November of 1996. Although we had filed a change of address with the postal service, we soon realized (via the IRS) that they do not forward government documents. Fortunately, our accountant handled all of that as they file these documents for us.

Unfortunately, we always handle the corporate annual report and as we were not looking for it, we neglected to notice it never came to us. The new tenant at our old address walked this over to us and that's when we discovered our error.

Upon calling your office I was told to write a letter explaining our predicament in the hopes of getting a pardon/waiver on the incredible late fee. I was told the original filing fee was 165.00 and was advised to send that amount with this letter and the revised annual report. Your consideration of this matter would be greatly appreciated.

Thank you,  
B & R

*Creative Problem Solving  
For Beach & City*

B & R BOTANICAL, INC.

.....  
4721 46th AVENUE NORTH  
ST. PETERSBURG, FL 33714  
TEL: 813 525 0543  
FAX: 813 528 9328