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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:22

DOCUMENT # **G93949** **(7)**

1. Corporation Name
PLANT & FLOWER BOUTIQUE, INC.

Principal Place of Business	Mailing Address
% MARY CHLOE EDWARDS 6215 SCHWAB AVENUE PENSACOLA FL 32504	% MARY CHLOE EDWARDS 6215 SCHWAB AVENUE PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1984
3a. Date of Last Report: 03/22/1994

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

4. FEI Number: 59-2461009 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, MARY CHLOE
6215 SCHWAB AVENUE
PENSACOLA FL 32504

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: X Mary Chloe Edwards — Mary Chloe Edwards, Pres — 3-27-95
Signature (and typed or printed name) of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, MARY CHLOE	12 NAME		
STREET ADDRESS	6130 AZALEA ROAD	13 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, HARRY	22 NAME		
STREET ADDRESS	6130 AZALEA ROAD	23 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	~~COOPER, FLOYD M.~~	32 NAME	DELETE	
STREET ADDRESS	~~1837 QUINTET ROAD~~	33 STREET ADDRESS		
CITY ST ZIP	MILTON FL	34 CITY ST ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, NANCY KAROL	42 NAME		
STREET ADDRESS	~~127 S. CARLEN STREET~~ 115 Dunmoray Ave	43 STREET ADDRESS		
CITY ST ZIP	MOBILE AL	44 CITY ST ZIP		
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, PAMELA JILL	52 NAME		
STREET ADDRESS	~~1214 POWATON STREET~~ 12030 McIntosh Rd	53 STREET ADDRESS		
CITY ST ZIP	~~TAMPA FL~~ Thonotosassa, Fla 33592	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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: X Mary Chloe Edwards — Mary Chloe Edwards — 3.27.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Pres. — Date