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 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H49314** **(8)**

1. Entity Name
GULF BREEZE FLOWERS, INC.

Principal Place of Business
318 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

Mailing Address
318 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/26/1985**
3a. Date of Last Report: **05/01/1994**

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: **59-2512220** 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 § 199.032 Florida Statutes. Yes [X] No ☐

9. Name and Address of Current Registered Agent

PITTMAN, BELINDA L
318 GULF BREEZE PKWY.
GULF BREEZE FL 32561

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 Section 607.0502 and 607.1908, 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:

12. OFFICERS AND DIRECTORS

TYPE	PVP
NAME	PITTMAN, BELINDA L
STREET ADDRESS	5970 COLTER RD.
CITY-ST-ZIP	MILTON FL
TYPE	S
NAME	PITTMAN, RONALD C
STREET ADDRESS	5970 COLTER RD.
CITY-ST-ZIP	MILTON FL
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	PVPST [X] Change [ ] Addition
NAME	Pittman Belinda L.
STREET ADDRESS	5970 Colter Rd
CITY-ST-ZIP	Milton Fl.
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report 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 added to the report.

SIGNATURE: Belinda L Pittma — May 5, 1995 — 623-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0389013 CP