SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4)J01449 PETAL PUSHER FLORIST, INC. Maling Address Principal Place of Business %DAN TRULUCK *DAN TRULUCK 739 EAST SILVER SPRINGS BLVD. 739 EAST SILVER SPRINGS BLVD. OCALA FL 33470 3a. Date of Last Report 3. Date Incorporated or Qualified OCALA FL 34470 US 01/19/1995 02/27/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2650227 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangib<u>le tax under s. 199 032</u> Country Country Zip] Yes 🔲 No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TRULUCK, DANIEL W. Street Address (P.O. Box Number is Not Acceptable) 82 2840 S E 35TH ST **OCALA FL 34471** 83 Zip Code 85 64 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DATE SIGNATURE (hOTE_Rugictered Agent signature required when reinstating) Signature, typical or protect more of registered a jent and the diapple above ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 TITLE TITLE CR2E034 1.2 NAME TRULUCK, DANIEL W. NAME 2840 S E 35 ST L3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP OCALA FL CITY - ST - 2IF Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME 3 3 STREET ACORESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TiTLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP ____ Change ____ Addition CITY - ST - ZIP DELETE 5 1 TIME TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAM8 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this firing is volunturily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 further certify that the information proceeded on his annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an office or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if chapted or or final accumulation with an address. 6.4 CHY+ST, ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: