

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 AM 8: 35

DOCUMENT # J55586 (8)

1. Corporation Name
GARDEL NATURAL FLORALS, INC.

Principal Place of Business Mailing Address
% MARY H. GARRIS % MARY H. GARRIS
200 LINDA LN 200 LINDA LN
PALATKA FL 32177-5708 PALATKA FL 32177-5708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1987	3a. Date of Last Report 04/08/1994
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FBI Number 59-2777279	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 100.050, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARRIS, MARY H. 200 LINDA LANE PALATKA FL 32077				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, EDWARD WALTER	1.2 NAME	
STREET ADDRESS	200 LINDA LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, MARY H.	2.2 NAME	
STREET ADDRESS	200 LINDA LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASE, JAMES E.	3.2 NAME	
STREET ADDRESS	1089 HOWELL HABOUR DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASTLEBERRY FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, EDWARD W., III	4.2 NAME	
STREET ADDRESS	5658 CAPE LEYTE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	VDI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, THOMAS C	5.2 NAME	
STREET ADDRESS	200 LINDA LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: *Mary H. Garriss* *Mary H. Garriss* *June 26*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 1995 (904) 325-2244
 0124976 FP

CR2E034 (3/95)