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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J55586 (8)
1. Corporation Name
GARDEL NATURAL FLORALS, INC.



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

Mailing Address
**% MARY H. GARRIS
200 LINDA LN
PALATKA FL 32177**

3. Date incorporated or Qualified
01/30/1987

3a. Date of Last Report
07/12/1996

4. FEI Number
59-2777279

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 s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 **109 Linda Lane**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
**GARRIS, MARY H.
200 LINDA LANE
PALATKA FL 32077**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARRIS, EDWARD WALTER	
STREET ADDRESS	200 LINDA LN	
CITY-ST-ZIP	PALATAKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARRIS, MARY H.	
STREET ADDRESS	200 LINDA LN	
CITY-ST-ZIP	PALATAKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASE, JAMES E.	
STREET ADDRESS	1089 HOWELL HABOUR DR	
CITY-ST-ZIP	CASTLEBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARRIS, EDWARD W., III	
STREET ADDRESS	6658 CAPE LEYTE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	GARRIS, THOMAS C	
STREET ADDRESS	200 LINDA LANE	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD Garris, Edward, W. III
43 STREET ADDRESS	8810 Fisherman's Bay Dr,
44 CITY-ST-ZIP	Sarasota, FL 34231
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Mary H. Garris* 3-28-1997 (904)325-3744

CR2E034 (9/96)