

5-11-98 B 6995-0

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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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 109 LINDA LANE 200 LINDA LN PALATKA FL 32177-5708 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 109 Linda Lane Suite, Apt. #, etc. 22 Palatka FL City & State 23 32177 Zip 24 Country 25 USA	2a. Mailing Address 26 P.O. Box 247 Suite, Apt. #, etc. 27 Palatka FL City & State 28 32177 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 01/30/1987	4. FEI Number 59-2777279	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PALATKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARRIS, MARY H.	
STREET ADDRESS	200 LINDA LN	
CITY-ST-ZIP	PALATKA 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	8810 FISHERMAN'S BAY 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* *Mary H. Garris* 4-28-1998

CR2E034 (10/97)