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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J55586

1. Corporation Name
GARDEL NATURAL FLORALS, INC.



Principal Place of Business Mailing Address
 109 LINDA LN P O BOX 247
 200 LINDA LN 200 LINDA LN
 PALATKA FL 32177 PALATKA FL 32177
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1987

4. FEI Number
59-2777279

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **264 Round Lake Pl** 26 **PO Box 247**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Palatka FL** 27 **Palatka FL**
 City & State City & State
 23 **32177 USA** 28 **32178 USA**
 Zip Country Zip Country
 24 25 29 30

9. 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	
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 HAVOUR 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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Garris, Mary H
1.3 STREET ADDRESS	264 Round Lake Rd
1.4 CITY-ST-ZIP	Palatka FL 32177
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Garris, Edward Walter
2.3 STREET ADDRESS	264 Round Lake Rd
2.4 CITY-ST-ZIP	Palatka FL 32177
3.1 TITLE	VDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARRIS, THOMAS C.
3.3 STREET ADDRESS	2024-S. HIA PO BOX 2182
3.4 CITY-ST-ZIP	Flyler Beach FL 32136
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, with all other like empowered.

SIGNATURE: Mary H. Garris **Mary H. Garris** 4/27/99 904-649-8475
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)