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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J70938** **(2)**

1. Corporation Name
STOP'N SMELL THE ROSES FLOWER SHOPPE, INC.

Principal Place of Business	Mailing Address
% RONALD F. GRANT 3535 S.E. MARICAMP ROAD OCALA FL 32671	% RONALD F. GRANT 3535 S.E. MARICAMP ROAD OCALA FL 34471-6293

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 SAME
Zip 24 Country 25

2a. Mailing Address
26 c/o Joan L. Grant
Suite, Apt. #, etc.
27 3535 S.E. Maricamp Rd.
City & State
28 Ocala, Fl. 34471
Zip 29 34471 Country 30 Marion

4. FEI Number: 59-2829016 ☐ 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

9. Name and Address of Current Registered Agent
GRANT, RONALD F.
3535 S.E. MARICAMP ROAD
OCALA FL 32671

10. Name and Address of New Registered Agent
81 Name: JOAN L. GRANT
82 Street Address (P.O. Box Number is Not Acceptable): 3535 S.E. MARICAMP ROAD
83: OCALA FL. 34471
84 City: OCALA FL 85 Zip Code: 34471

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: Joan L. Grant, President — January 13, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRANT, RONALD F 3535 S.E. MARICAMP ROAD OCALA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P Joan L. Grant 3535 S.E. Maricamp Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GRANT, JOAN L. 3535 S.E. MARICAMP ROAD OCALA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VP Debra Mager 3535 S.E. Maricamp Road Ocala, Fl. 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRANT, DEBRA L 3535 SE MARICAMP ROAD OCALA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition SD Jeffrey Grant 3535 S.E. Maricamp Road Ocala, Fl. 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, MARK 3535 SE MARICAMP ROAD OCALA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition D Mark Grant 3535 S.E. Maricamp Road Ocala, Fl. 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, JEFFREY L 3535 SE MARICAMP ROAD OCALA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition D Scott Grant 3535 S.E. Maricamp Rd. Ocala, Fl. 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, SCOTT 3535 S.E. MARICAMP ROAD OCALA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition D Ronald Grant 3535 S.E. Maricamp Road Ocala, Fl. 34471

CR2E034 (9/96)

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: JOAN L. GRANT, PRESIDENT Joan L. Grant 1/13/97 352-694-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #