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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1987

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (10/97)

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: SIGNATURE REQUIRED Ronald F. Grant 6/5/98 352/694-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (OPTIONAL)