

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:25

DOCUMENT # J71400 (2)

1. Corporation Name

KRULL-SMITH ORCHIDS, INC.

Principal Place of Business

2815 PONKAN ROAD
APOPKA FL 32712

Mailing Address

2815 PONKAN ROAD
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1987

3a. Date of Last Report

06/13/1994

4. FEI Number

59-2802006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

27

Zip Country

24

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRULL, JAMES C.
2815 PONKAN ROAD
APOPKA FL 32712

81 Name Franklin A. Smith

82 Street Address (P.O. Box Number is Not Acceptable)
2815 Ponkan Road

83

84 City Apopka

FL

85 Zip Code 32712

11. Pursuant to the provisions of Sections 607.0602 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

[Signature]

NOTE: Registered Agent signature required when reinstating

6/9/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS
NAME	KRULL, JAMES C.
STREET ADDRESS	2815 PONKAN ROAD.
CITY - ST - ZIP	APOPKA FL
TITLE	P
NAME	SMITH, FRANKLIN A.
STREET ADDRESS	2815 PONKAN ROAD.
CITY - ST - ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VPI S
1.2 NAME	Scott B. Taylor
1.3 STREET ADDRESS	PO Box 177
1.4 CITY - ST - ZIP	CROSS RIVER NY 10818-0177
2.1 TITLE	PIT
2.2 NAME	Franklin A. Smith
2.3 STREET ADDRESS	2815 Ponkan Road
2.4 CITY - ST - ZIP	Apopka FL 32712
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95

(Date)

407-886-0915

(Telephone)

CR2E034 (3/95)