

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # J71400

1. Corporation Name
Krull-Smith Orchids, Inc



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

FILED
99 SEP -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2815 Ponkan Rd
Apopka FL 32712**

Mailing Address
**PO Box 1479
Sorrento FL 32776**

2. Principal Place of Business
6500 Plymouth Sorrento Rd

2a. Mailing Address
PO Box 2188

3. Date Incorporated or Qualified
5/6/87

4. FEI Number
59-2802006

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

9. Name and Address of Current Registered Agent
**Scott B Taylor
26423 State Rd 46
PO Box 1479
Sorrento FL 32776**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100002982801--0
83 City
61.25

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
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

1.1 TITLE
P S D

1.2 NAME
UP S

1.3 STREET ADDRESS
TAYLOR, SCOTT B

1.4 CITY-ST-ZIP
26423 State Rd 46 Sorrento FL

2.1 TITLE
PT

2.2 NAME
Smith, Franklin A.

2.3 STREET ADDRESS
2815 Ponkan Rd

2.4 CITY-ST-ZIP
Apopka FL

3.1 TITLE
UP T D

3.2 NAME
Elaine B. Taylor

3.3 STREET ADDRESS
26423 State Rd 46

3.4 CITY-ST-ZIP
Sorrento FL 32776

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott B. Taylor** Date: **9/9/99** Daytime Phone #: **407-881-0915**