

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J87103** (4)
1. Corporation Name
GRACE'S FLOWERS AND HOUSE OF PLANTS, INC.

Principal Place of Business
**2317 W COLUMBUS DR
TAMPA FL 33607
US**

Mailing Address
**2317 W COLUMBUS DR
TAMPA FL 33607-1641
US**



3. Date Incorporated or Qualified
08/13/1987
3a. Date of Last Report
05/31/1996

4. FEI Number
59-2838566
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
4121 W. North A St.
22. City & State
Tampa FL
23. Zip
33609
24. Country
Hillsborough
25. Mailing Address
26. Suite, Apt. #, etc.
4121 W. North A St.
27. City & State
Tampa FL
28. Zip
33609
29. Country
Hillsborough
30.

9. Name and Address of Current Registered Agent
**MONA CASTELLANO
2317 W COLUMBUS DR
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
4121 W. North A St.
83.
84. City
Tampa
85. Zip Code
33609
86. State
FL

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	
TITLE	VTS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, ANDY	1.2 NAME	
STREET ADDRESS	2317 W COLUMBUS DR	1.3 STREET ADDRESS	4121 W. North A St.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33609
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, MONA	2.2 NAME	
STREET ADDRESS	2317 W COLUMBUS DR	2.3 STREET ADDRESS	4121 W. North A St.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33609
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Mona Castellano** 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (9/96)