

DOCUMENT # N9900000331

1. Entity Name

SON FLOWER HOME, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-28-2000 90052 045 ****61.25

Principal Place of Business

Mailing Address

479 TERRELL ROAD
 WAUCHULA FL 33873

P.O. BOX 1704
 WAUCHULA FL 33873-1704

2. Principal Place of Business

3. Mailing Address

479 TERRELL ROAD

PO BOX 1704

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WAUCHULA FL

City & State

WAUCHULA FL

4. FEI Number

650878513

Applied For

Not Applicable

Zip

Country

33873

HARDEE

Zip

Country

33873

HARDEE

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, PATRICIA HELEN
 479 TERRELL ROAD
 WAUCHULA FL 33873

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS PATRICIA H. SMITH
 CITY-ST-ZIP 479 TERRELL RD
 SEBRING FL 33873

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D. LIPPI GILLIARD
 STREET ADDRESS 620 CROSSCREEK LANE
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ALICE PARSLEY
 STREET ADDRESS 6912 NE. COUNTY RD. 66D
 CITY-ST-ZIP ARLADIA FL 34265

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PEARL EARNST
 STREET ADDRESS 3167 S.R 64 E.
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)