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FLORIDA ANNUAL REPORT
1995

APPROVED
MAY 12 1995

95 MAY 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012301 (7)

Corporate Name
OUTA MA TREE FLORIST, INC.

Principal Office Address	Mailing Address
8555 W HILLSBOROUGH AVE TAMPA FL 33615	8555 W HILLSBOROUGH AVE TAMPA FL 33615

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: 12/14/1992
3a. Date of Last Report: 06/07/1994

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

4. FEI Number: 59-3169896
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADWELL, MARION 8555 W HILLSBOROUGH AVE TAMPA FL 33615	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: Don W. Adwell DON W. ADWELL 5/3/95
(Typed or printed name of the registered agent and the signature) (If the registered agent is a corporation, the name and signature of the officer or director)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE V NAME ADWELL, DON STREET ADDRESS 8555 W HILLSBOROUGH AVE CITY-ST-ZIP TAMPA FL	TYPE T D ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE P NAME ADWELL, MARION STREET ADDRESS 8555 W HILLSBOROUGH AVE CITY-ST-ZIP TAMPA FL	TYPE D ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE D NAME ADWELL, MARK STREET ADDRESS 8555 W HILLSBOROUGH AVE CITY-ST-ZIP TAMPA FL 33615	TYPE V ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE D NAME ADWELL, WESLEY STREET ADDRESS 8555 W HILLSBOROUGH AVE CITY-ST-ZIP TAMPA FL 33615	TYPE S ☒ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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14. The undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 with an arrow or in an attachment with an arrow.

SIGNATURE: x Don W. Adwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DON W. ADWELL

x 5/3/95 (813) 885-2273
Date Daytime Phone #

0207030 CP