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FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000040875 (5)

1. Corporation Name

ORLANDO WHOLESALE FLORAL DISTRIBUTORS, INC.

Principal Place of Business

2910 N. ORANGE AVE.
ORLANDO FL 32804

Mailing Address

2910 N. ORANGE AVE.
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

4. FEI Number

59-3198996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2310 N. ORANGE

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

24 Zip 32804

25 Country USA

2a. Mailing Address

26 2310 N. ORANGE AVE.

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

29 Zip 32804

30 Country USA

9. Name and Address of Current Registered Agent

ASMA WILLIAM N
888 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name CAREY L. MORELAND

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

202 HOOKOUT PLACE

83 KEGWIN LEXINGTON PARK

84 City MAITLAND

FL

85 Zip Code 32751

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 of type of printed name of registered agent and print applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/11/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HERZOG, RICHARD B
STREET ADDRESS 2910 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ST ☐ DELETE

NAME SCHNEIDER, JEAN B
STREET ADDRESS 2910 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS -2310 N. ORANGE AVE.
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS -2310 N. ORANGE AVE.
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7000002564967

-06/19/98--01017--014

***500.00

6-18

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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JEAN B SCHNEIDER 4/22/98 407 894-4322

CR2E034 (10/97)