FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12: 15

DOCUMENT # P93000046048 (3)

1. Corporation Name
BONITA BLOOMS, INC.

Principal Place of Business
8951 BONITA BEACH RD
BONITA SPRINGS FL 33931

Mailing Address
8951 BONITA BEACH RD
BONITA SPRINGS FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0420701 ☐ Applied For ☐ Not Applicable

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

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

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
STE A
SANIBEL FL 33957

10. Name and Address of New Registered Agent
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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STICE, MARCIA H
STREET ADDRESS	7204 HODGEWOOD CT
CITY-ST-ZIP	TAMPA FL 33614
TITLE	STD
NAME	LAWLER, WILLIAM J
STREET ADDRESS	7204 HODGEWOOD CT
CITY-ST-ZIP	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☒ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	28025 EASTBROOK DR
1 4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
2 1 TITLE	☒ Change ☐ Addition
2 2 NAME	28025 EASTBROOK DR
2 3 STREET ADDRESS	BONITA SPRINGS, FL
2 4 CITY-ST-ZIP	33923
3 1 TITLE	☐ Change ☐ Addition
4 1 TITLE	☐ Change ☐ Addition
5 1 TITLE	☐ Change ☐ Addition
6 1 TITLE	☐ Change ☐ Addition

14. I do hereby 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. 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: [signature] MARCIA H. STICE 2/7/95 (813) 992-4131
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone

0324270 CP