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PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051550 (0)

G & T FOLIAGE, INC.

FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 88 WEST PONKAN RD. P.O. BOX 2067 APOPKA FL 32704-2067 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 59-2425836 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May 6e 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. □No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TEAL, HANNAH S 88 WEST PONKAN RD. Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed naive of registered agent and tille it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITU TEAL, HANNAH S NAME 1.2 NAME 2967 AUTUMN WOOD TRAIL 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 1.4 C(1Y - ST - Z(P DELETE Change Addition 2.1 TITLE TITLE BIRD, DEBORAH L NAME 2.2 NAME 120 W PONKAN RD STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 41 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 trusted 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.

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