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

APPROVED AND FILED
95 APR -7 AM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000019401 (6)**

1. Corporation Name
PETALS & PLANTS, INC.

Principal Place of Business
125 S INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

Mailing Address
125 S INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3229084 — 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
RISKOWITZ, SANDRA L
125 S INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

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 the 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: VOID

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RISKOWITZ, SANDRA L
STREET ADDRESS	125 S INDIAN ROCKS ROAD
CITY, ST, ZIP	BELLEAIR BLUFFS FL 34640
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP
2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP
3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP
6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the change in information reflected on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and validity as if made under oath and that I am an officer or director of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereunder, or I am attorney or agent with an address

SIGNATURE: [signature] 4-3-95 11:59:16 PM
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Time

DM1118 CR