FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

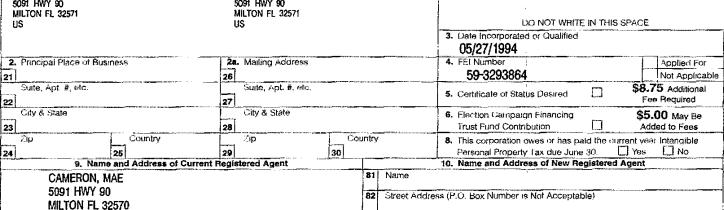
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400040436 (5)

SANTA ROSA FLORIST AND GIFTS, INC.

Principal Place of Business Mailing Address 5091 HWY 90 5091 HWY 90 MILTON FL 32571 MILTON FL 32571 2. Principal Place of Business 2a. Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



FI 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent, or both, in the State of Florida, St

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agent, Lam ramiliar with, and accept the obligations of, Section 607-0505, Florida Statutes.						
SIGNATURE Signature, typed or printed parms of registered agent and tills if applicable. (ND)F. Registered Agent signature required when renstating) DATE						
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	CAMERON, MAE W		1.2 NAME			
STREET ADDRESS	5091 HWY 9		1.3 STREET ADDRESS			
CHY-ST-ZIP	MILTON FL		1.4 CITY-51-ZIP	<u> </u>		
TITLE	VP	DELETE	2.1 TITLE	VP	⊠ Change	Addition
NAMÉ	CAMERON, JACKIE R		2.2 NAME	CAMERON, VACRIE R 3210 SHERWOOD BluD		
STREET ADDRESS	3505 WEST ATLANTIC BLVD. #908		2.3 STREET ADDRESS			
CHY-ST-ZIP	POMPANO BEACH FL		2.4 city-5t-7IP	Del-RAY BEACH FT 33	1445	
TITLE	TS	DELETE	31 TITLE	1	S Change	Addition
NAME	CAMERON, VARED T		32 NAME	CAMERON, WARED T.		
STREET ADDRESS	8160 SCENIC HWY		33 STREET ADDRESS	CAMERON, LARED T STORY 3433 FESTIVAL DR	ŧ	
CDY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZiP	PACE, F1 32571		
TITLE		DELLIE	4.1 mre		Change	Addition
NAME			4. Z NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-#P			4.4 CITY-ST-ZIP		Orien minimum proprieta de la constanta de la	
ane		DELETE	5.1 DILE	<u> </u>	Change	Addition
NAME			52NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-SI-ZIP		The third containing and the same of the s	54 CiTY-S1-ZiP		777 10	
TITLE		DELETE	61 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6,3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-\$1-ZIP	1		

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplier/iental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director or the corporation or the received extracted 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 address.

SIGNATURE:

Zip Code

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