


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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90088 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000008134**

1. Corporation Name  
**APRIL GARDENS FLORIST, INC.**



Principal Place of Business 41-C SOUTH HIGHWAY 17-92 DEBARY FL 32713 <i>Moved</i>	Mailing Address 41-C SOUTH HIGHWAY 17-92 DEBARY FL 32713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>98-A S. Highway 17-92</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>98-A S. Hwy 17-92</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>01/25/1995</b>	4. FEI Number <b>59-3294995</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>Debarry, FL Volusia</b>	27 City & State <b>Debarry FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip <b>32713</b>	25 Country	29 Zip <b>32713</b>	30 Country <b>Volusia</b>	

9. Name and Address of Current Registered Agent <b>FRANCE, ANNA</b> <b>168 COMMUNITY DRIVE - Moved</b> <b>DEBARY FL 32713</b>	10. Name and Address of New Registered Agent 81 Name <b>Anna France</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>146 Lake Pearl Dr</b> 83 84 City <b>Lake Helen, FL</b> Zip Code <b>32744</b>
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>D</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME	<b>FRANCE, ANNA K</b>	1.2 NAME	<b>France, Anna K.</b>
STREET ADDRESS	<b>168 COMMUNITY DRIVE</b>	1.3 STREET ADDRESS	<b>146 Lake Pearl Dr</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	1.4 CITY-ST-ZIP	<b>Lake Helen, FL 32744</b>
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: Anna K. France Date: 1-14-99 Daytime Phone #: 407-668-9958

CR2E034 (1/98)