

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 05 1997 8:00am  
Secretary of State

DOCUMENT # P96000043543 (3)

1. Corporation Name  
PETALS, BASKETS & LACE, INC.



Principal Place of Business  
4503 SOUTH CAMERON  
TAMPA FL 33611-2222

Mailing Address  
4503 SOUTH CAMERON  
TAMPA FL 33611-2222

3. Date Incorporated or Qualified 05/15/1996  
3a. Date of Last Report 5/15/96

2. Principal Place of Business 21 1525 S. DALE MABRY  
22 Suite, Apt. #, etc. 22  
23 City & State 23 TAMPA, FL  
24 Zip 24 33629 25 Country 25 U.S.A.

26 1525 S. DALE MABRY  
27 Suite, Apt. #, etc. 27  
28 City & State 28 TAMPA, FL  
29 Zip 29 33629 30 Country 30 U.S.A.

4. FEI Number 59-3328151  
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 10. Name and Address of New Registered Agent

HURLEY, BEVERLEY A  
4503 SOUTH CAMERON  
TAMPA FL 33611-2222

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 Beverly A. Hurley 4/28/97  
Signed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETED	1.1 TITLE	Change	Addition
NAME	HURLEY, BEVERLEY A		1.2 NAME		
STREET ADDRESS	4503 SOUTH CAMERON		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611-2222		1.4 CITY-ST-ZIP		
TITLE	D	DELETED	2.1 TITLE	Change	Addition
NAME	JOHNSON, WANDA R		2.2 NAME		
STREET ADDRESS	3130 W. OAKELLER		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP		
TITLE		DELETED	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETED	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETED	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETED	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Beverly A. Hurley 4/28/97 259-9950 (813)  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)