SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 24 AM 9:07

DOCUMENT # P96000098180 (8)

1. Corporation Name
CLERMONT FLORIST, INC.

Principal Place of Business	Mailing Address
329 S. PARK AVENUE WINTER PARK FL	329 S. PARK AVENUE WINTER PARK FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1203 W. Highway 50
22: Suite, Apt. #, etc.
23: City & State: Clermont, FL
24: Zip: 34711 25: Country

2a. Mailing Address
26: 1203 W. Highway 50
27: Suite, Apt. #, etc.
28: City & State: Clermont, FL
29: Zip: 34711 30: Country

4. FEI Number: 59-3215280 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
GARCIA, MARIO A
225 E. ROBINSON STREET, SUITE 540
ORLANDO FL 32801

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYD, ANITA 329 S. PARK AVENUE WINTER PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 705 Heritage Boulevard Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD SMITH, JOSEPH 329 S. PARK AVENUE WINTER PARK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 705 Heritage Boulevard Winter Park, FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002250334--2 -07/29/97-01036--024 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

CR2E034 (4/97)

P96000098180

2

Assured Accounting Services, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

July 18, 1997

Division of Corporations
Annual Reports section
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Clermont Florist, Inc. - 59-3215280

Dear Sir or Madam:

Enclosed please find a check in the amount of $165.00 and the 1997 Corporate Annual Report for the above referenced corporation. This corporation was formed on 12/3/96 with a Winter Park, Florida address. The stockholders of this corporation just received this second notice on the annual report and never received the first report. As you can see, the corporation changed its address to Clermont, Florida.

Because the shareholders are newly in business, they did not know about the annual report or the fee. They also did not realize the importance of contacting your department regarding the change of address.

We are respectfully requesting that you accept the $165.00 and waive the late fee.

They are aware that if you forgive this penalty at this time, there will be no pardoning in the future.

Thanking you in advance,

Peggy L. Abraham

PLA:car
Enclosures

I certify the above are true statements.

Joseph Smith