

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008914 (8)

1. Corporation Name

THE ROSE PETAL-ER, INC.

Principal Place of Business

13327 W NEWBERRY RD
GAINESVILLE FL 32606

Mailing Address

13327 W NEWBERRY RD
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13327 West Newberry Road		26 13327 West Newberry Road		01/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3470958	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Newberry, Florida		28 Newberry, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32669		29 32669			
Country		Country			
25 U.S.A.		30 U.S.A.			

9. Name and Address of Current Registered Agent

SEAY, TROY
13327 W NEWBERRY RD
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name	Seay, Troy
82 Street Address (P.O. Box Number is Not Acceptable)	
83	13327 West Newberry Road
84 City	Newberry
85 Zip Code	FL 32669

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

Troy F. Seay
Signature, typed or printed name of registered agent and title if applicable

Troy F. Seay, Secretary/Treasurer

April 10, 1998

(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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Justin D. Green
STREET ADDRESS		1.3 STREET ADDRESS	4901 N.W. 75th Lane
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Gainesville, FL 32653
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/T
NAME		2.2 NAME	Troy F. Seay
STREET ADDRESS		2.3 STREET ADDRESS	7824 N.W. 53rd Way
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Gainesville, FL 32653
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.

SIGNATURE:

Justin D. Green
Signature, typed or printed name of signing officer or director

Justin D. Green, President 4-10-98

352-332-6777

CR2E034 (10/97)