

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

FILED  
Jun 02 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 # P97000037502 (6)  
1. Corporation Name  
EVERBLOOM, INC.



Principal Place of Business POST OFFICE BOX 133 SEVILLE FL 32190-0133	Mailing Address POST OFFICE BOX 133 SEVILLE FL 32190-0133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 560 Volusia Ave Piercen FLA 32180		3. Date Incorporated or Qualified 04/28/1997	
21. Suite, Apt. #, etc.	26. Mailing Address	4. FEI Number 59-34620897	Applied For Not Applicable
22. City & State Piercen FLA	27. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
23. Zip 32180	28. City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24. Country Volusia	29. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Zip		

9. Name and Address of Current Registered Agent STORCH, GLENN D ES STORCH HANSEN & MORRIS, P.A. 1620 S CLYDE MORRIS BLVD, SUITE 300 DAYTONA BEACH FL 32119		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. Zip Code	FL

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

Signature, 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	PD WILSON, RAYMOND N P.O. BOX 133 SEVILLE FL 32190-0133 445 Cortez Ave DeLeon Spr FLA 32130	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BENNETT, ALBERT P.O. BOX 1040 DELEON SPRINGS FL 32130 126 W. Spring St DeLeon Spr FLA 32130	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	SD WILSON, DAWN P.O. BOX 133 SEVILLE FL 32190-0133 445 Cortez Ave DeLeon Spr FLA 32130	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		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		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		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:



4/30/98

904-248-3400

CR2E034 (10/97)