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**PROFIT CORPORATION** ANNUAL REPORT

1998

A school of the



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078550 (5)

COMMON AND UNCOMMON SCENTS, INC.

## **FILED** Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11260 LAKELAND 11260 LAKELAND FORT MYERS FL 33913 FORT MYERS FL 33913 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0780475 1400 Colonial Blyd 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired <u>Unit</u> Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing FORT 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 33907 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 SMITH, WILLIAM R 8191 COLLEGE PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 300** 83 FORT MYERS FL 33919 84 City Zip Code 85 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** Stgnature, typed or printed name of registered agent and tillfull applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition BLACKMORE, SALLY NAME 1.2 NAME 11260 LAKELAND STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELÉTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 trusted 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.

Sally Blackmare 11,5 be law 228,5252