

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000015300**

1. Corporation Name
APOTHECARY BOTANICA, INC.

Principal Place of Business
**445 COREY AVE
ST PETE BEACH FL 33706**

Mailing Address
**445 COREY AVE
ST PETE BEACH FL 33706**

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/16/1998

4. FEI Number **65-0829887**
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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 **FL 31 Central Ave**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7231 Central Ave**
Suite, Apt. #, etc.

23 **St. Petersburg, FL**
City & State

28 **St. Petersburg, FL**
City & State

24 **33710** 25 **USA**
Zip Country

29 **33710** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

**MCDERMOTT, JOSEPH F
445 COREY AVE
ST PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name **Marla Crane**
82 Street Address (P.O. Box Number is Not Acceptable)
FL 31 Central Ave
83
84 City **St. Petersburg** 85 **FL** 86 **33710**
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/20/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MCDERMOTT ROBERTSON, MICHELLE**
STREET ADDRESS **4701 9TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **TSD** ☐ DELETE
NAME **CRANE, MARLA JEAN**
STREET ADDRESS **2502 PASS-A-GRIFFE WY**
CITY-ST-ZIP **ST-PETE BEACH FL 33706**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD Crane, Marla Jean**
2.3 STREET ADDRESS **2502 Pass-A-Grille Way**
2.4 CITY-ST-ZIP **St. Pete Beach, FL 33706**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 any address.

SIGNATURE: **MARLA CRANE TUF**

07/20/99

(727) 343-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0080190

Apothecary Botanica



595819-90002-25

P98000015300

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I recently received the 1999 Profit Corporation Annual Report Packet in the mail. I promptly completed the form along with the necessary corrections. However, this is the first year that our corporation has been in business and I was not aware that a report such as this was required and I would like to extend my apologies for its lateness.

Apothecary Botanica has been in business for a little over eight months. Originally, I had a partner and it was her father who served as our corporate attorney and registered agent. In February of this year I bought out my partner which distanced her father from my operations. He also expanded and relocated his law practice and was in the process of moving and reorganizing. I eventually received the report after it was forwarded to his new address and then mailed to me.

Apothecary Botanica is a brand new business and we are just starting to realize some growth. This penalty of 400.00 represents a great financial burden for us. I hope that the above explanation is sufficient and the penalty will be very generously abated. Please let me know either way as I am very concerned about being compliant.

Sincerely,

Marla Crane, PharmD
Apothecary Botanica, Inc

"The Best of Both Worlds"