FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED May 15, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris ANNUAL REPORT Secretary of State 05-15-1999 90025 025 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P980000 5413 LANCE FLOWERS, INC. Principal Place of Business 437 W. RAMBLING DRI WELLINGTON, P. 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2ND. AVENUE Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing -Trust Fund Contribution-Added to Fees 8. This corporation owes the current year Intangible ₩ Personal Property Tax. 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent · LANCE FLOWERS 437 W. RAMBLING DRIVE Name 82 Street Addres · WELLINGTON, A. 83 named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such changes agent. I am familiar with, and accept the obligations of, Section 60/ .0505 EGISTERED AGENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE TITLE LANCE FLOWERS SE ZNO AVENUE #1 CR2E034 2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS BEACH, Fl. 1 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP _ Addition DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE