

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90212 011 \*\*\*150.00

DOCUMENT # P98000065856

1. Corporation Name  
ANOTHER FLOWER SHOP, INC.

Principal Place of Business

4104 N.W. 17TH AVE.  
GAINESVILLE FL 32605

Mailing Address

4300 NW 23RD AVE., STE. 530  
P.O. BOX 147050  
GAINESVILLE FL 32614-7050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

59-3526817

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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

4401 NW 25th Place

Suite, Apt. #, etc.

G

GAINESVILLE FL

32606 USA

2a. Mailing Address

PO Box 357610

Suite, Apt. #, etc.

GAINESVILLE, FL

32635 USA

9. Name and Address of Current Registered Agent

PUGH, ERIC M  
4104 N.W. 17TH AVE.  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name ERIC M PUGH  
82 Street Address (P.O. Box Number is Not Acceptable) 22819 NW 209 TERRACE  
83  
84 City High Springs FL 85 Zip Code 32643

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
C	ERIC PUGH	22819 NW 209 TERRACE	High Springs FL 32643	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	JESSICA PUGH	22819 NW 209 TERRACE	High Springs FL 32643	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	LILIAN PIETER	76 BOX 357294	GAINESVILLE FL 32635	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Eric M Pugh SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year #

4/22/99 - (352)

335-3589

CR2E034 (11/98)