FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
THE STATE OF FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82471** **(1)**

1. Corporate Name
LABELLE FLORIST & GIFTS, INC.

Principal Place of Business	Mailing Address
82 MAIN STREET P.O. BOX 1529 LABELLE FL 33935	82 MAIN STREET P.O. BOX 1529 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1991**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # or Bldg. (22) | Suite, Apt. # or Bldg. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **65-0294501** ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAFT, JOANNE 82 MAIN STREET LABELLE FL 33935	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1005 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 (if changing registered agent, registered agent must sign) (if not changing registered agent, not required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (to 12)	
TITLE	PS	51 TITLE	☐ Change ☐ Addition
NAME	CRAFT, JOANNE	52 NAME	
STREET ADDRESS	82 MAIN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HIGGINBOTHAM, BONNIE D.	62 NAME	
STREET ADDRESS	15810 KEYGRASS LANE	63 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP	
TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY-ST-ZIP		84 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	
TITLE		101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY-ST-ZIP		104 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that the mandatory items are designated as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Bonnie D. Higginbotham **4/26/95** **(813)675-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Telephone Number)
Bonnie D. Higginbotham

0334843 CP