FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V31005** **(4)**

1. Entity Name

SCOTT GODOY, INC.

Principal Place of Business	Mailing Address
3900 NE 18TH AVENUE #1603 POMPANO BEACH FL 33064	3900 NE 18TH AVENUE #1603 POMPANO BEACH FL 33064

(Do Not Write In This Space)

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1992	08/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0333256	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 24 Zip 25 County	28 29 Zip 30 County	8. This corporation has not, by changes to its articles of incorporation, extended its duration beyond the date of perpetual existence, if any, stated therein. Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GODOY, SCOTT 3900 NE 18TH AVENUE #1603 POMPANO BEACH FL 33064	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 607.0502 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(S)

(Name of New Registered Agent or Title of Authorized Officer) (If Changing Registered Agent, Registered Agent Must Sign Above) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97
TITLE P NAME GODOY, SCOTT STREET ADDRESS 3900 NE 18 AVE #1603 CITY-ST-ZIP POMPANO BEACH FL 33064	1. TITLE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21. TITLE ☐ Change ☐ Addition 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41. TITLE ☐ Change ☐ Addition 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61. TITLE ☐ Change ☐ Addition 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	81. TITLE ☐ Change ☐ Addition 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101. TITLE ☐ Change ☐ Addition 102. NAME 103. STREET ADDRESS 104. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, 2, or Block 13 above, or on an attachment with an address.

SIGNATURE: *Scott Godoy* 4/24/95 305-946-0728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0107S31 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V31252 (2)

1. Corporate Name

IVYROSE GARDEN & GIFT, INC.

Principal Place of Business	Mailing Address
1950 THOMASVILLE ROAD STE J TALLAHASSEE FL 32312 US	1950 THOMASVILLE ROAD STE J TALLAHASSEE FL 32312 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 32303 — Country (25)	Zip (29) 32303 — Country (30)

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3098867 — ☐ 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

HARRELL, REBECCA R.
1950 THOMASVILLE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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 607.0502 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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HARRELL, REBECCA R.	12 NAME	
STREET ADDRESS	1950 THOMASVILLE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRELL, ERNEST K.	22 NAME	
STREET ADDRESS	1950 J. THOMASVILLE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: E K Harrell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (Date) — 904 224-0048 (Daytime Phone #)

0026488 CP