NOTICE TO LEGISLATIVE AUTHORITY

TAX DISTRICT

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005 REYNOLDSBURG, OHIO 43068-9005 (614)644-2360 FAX(614)644-3166

то REES FLOWERS & GIFTS INC 249 LINCOLN CIRCLE GAHANNA OHIO 43230 STCK 7260956 PERMIT NUMBER 01 17 2018 C2 D8 PERMIT CLASSES 077 F20149 25 В FROM 04/11/2018 SSUE DATE FILING DATE PERMIT CLASSES



MAILED	04/11/2018	RESPONSES MUST BE POSTMA	ARKED NO LATER T	HAN. 0!	5/14/2018	
WHETH		IMPORTANT NO RETURN THIS FORM TO THE IS A REQUEST FOR A HEA IN ALL INQUIRIES	DIVISION OF	STCK	7260956	
		(MUST MARK ONE OF THE	HE FOLLOWIN	G)		
	QUEST A HEARING EARING BE HELD	ON THE ADVISABILITY OF IN OUR COUNTY			AND REQUEST COLUMBUS.	THAT
	O NOT REQUEST A DU MARK A BOX?	HEARING IF NOT, THIS WILL BE C	ONSIDERED A	LATE F	RESPONSE.	
PLEASE	E SIGN BELOW AN	D MARK THE APPROPRIATE	BOX INDICAT	ING YOU	JR TITLE:	
(Signate	ure)	(Title)- Clerk of	County Commissione	er	(Date)	***************************************
		Clerk of	City Council			

Township Fiscal Officer

CLERK OF GAHANNA CITY COUNCIL 200 S HAMILTON RD GAHANNA OHIO 43230

For Questions call (614) 644-3162 Office Hours -8:00 a.m. - 5:00 p.m.

APPLICATION FOR CHANGE OF CORPORATE STOCK OWNERSHIP ROCESSING FEE \$100.00 CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING THE DIVISION TO THE DIV PROCESSING FEE \$100.00 CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING TRANSFER(S) OF STOCK										
i Permii Holder Name										
REB FLOWERS & GIATS I	47260956 F-020149									
RES FLOWERS & GZETS INC #7260956 J-D20149 Permit Premises Address 249 ZINCOLN GROLE GAHANNA OH 43230										
Address:										
Attorney's Name, Address and Telephone Number (If represented)										
Is Stock Traded on a National Exchange? YES VIO If YES, give Name of Exchange and Symbol										
Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.										
SECTION A: PREVIOUS 5% OR MORE STOCKHOLDERS			5/4	Number of Shares						
Name 1) Cay 1 Q	BIRTHDATE Social Security Number/FTI#		ımber/FTI#	Issued For Stock Transfer Only (NOT Percentages)						
CITTIE A. NEES		1		25.5						
LONNA C. KIZES				25.5						
3) MICHAEL AREES	<u> </u>			49						
5)		· · · · · · · · · · · · · · · · · · ·								
SECTION B: REVISED 5% OR MORE STOCKHOLDERS										
Name	BIRTHDATE	BIRTHDATE Social Security Number/FTI#		Number of Shares Issued For Stock Transfer Only (NOT Percentages)						
1) MICHAEL AREES				100						
2)										
3)										
4)		····	W							
5)	Į.									
NOTE: If any Stockholder is a business entity, that enti- tax identification number (FTI #) above.	ty must list it's	1	FOTAL NUMBER SHARES ISSUED	OF						
LIST THE TOP FOUR OFFICERS OF THE CAPTIONED CORPORATION. IF AN OFFICE IS NOT HELD, PLEASE INDICATE BY WRITING "NONE"	Social Security Number		er	Birthdate						
1) CEO/President Maoistace A Reces										
2) Vice-President				·						
1) CEO/President MIGHAGE AREIS 2) Vice-President NONE 3) Secretary NONE 4) Treasurer NONE				-						
4) Treasurer NONE										
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