FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708839 (6)

1. Corporation Name
FLOWERSVIEW INDUSTRIAL INC.

Principal Place of Business	Mailing Address
ROUTE 2, BOX 124 (FLOWERSVIEW DRIVE) LAUREL HILL FL 32567-9511	ROUTE 2, BOX 124 (FLOWERSVIEW DRIVE) LAUREL HILL FL 32567-9511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1965
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2974816 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 261 Flowersview Blvd	26 P.O. Bx 138
Suite, Apt. #, etc. 22 Laurel Hill, FL	Suite, Apt. #, etc. 27 Paxton, FL
City & State 23 32567-9511 Walton	City & State 28 32538 Walton
Zip / Country 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES
FLOWERSVIEW DR
PAXTON FL 32538

10. Name and Address of New Registered Agent

01 Name: Rev. James Williams
02 Street Address (P.O. Box Number is Not Acceptable): 261 Floversview Blvd.
03
04 City: Paxton, 05 FL Zip Code: 32538

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: James Williams 03/07/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	PD (N/A) ☒ Change ☐ Addition
NAME	MILTON,GLADYS	12 NAME	Jeffery B. Wright
STREET ADDRESS	RT 2 BOX 124	13 STREET ADDRESS	Bx 117 - Laurel Hill,FL 32567
CITY-ST-ZIP	LAUREL HILL FL 32567	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	VD (N/A) ☒ Change ☐ Addition
NAME	ABDULLAH, TARIQ. H.	22 NAME	Michal Moore
STREET ADDRESS	RT 2 BOX 124	23 STREET ADDRESS	Rt. 2, Bx 318-Laurel Hill,Fl32567
CITY-ST-ZIP	LAUREL HILL FL 32567	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	SMALL, JAMES	32 NAME	-S (N/A)
STREET ADDRESS	RT 2 BOX 125	33 STREET ADDRESS	Mabelois N. Staples
CITY-ST-ZIP	LAUREL HILL FL 32567	34 CITY-ST-ZIP	Rt. 2, Bx 316-Laurel Hill, FL32567
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BARNES, WILLIE M	42 NAME	TD (N/A)
STREET ADDRESS	RT 2 BOX 122	43 STREET ADDRESS	Willie M. Barnes
CITY-ST-ZIP	LAURELL HILL FL 32567	44 CITY-ST-ZIP	Rt. 2, Bx 122-Laurel Hill,FL32567
TITLE	M	51 TITLE	☐ Change ☐ Addition
NAME	JONES, SYLVESTER REV	52 NAME	
STREET ADDRESS	RT 2 BOX 126	53 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL 32567	54 CITY-ST-ZIP	
TITLE		61 TITLE	T ☒ Change ☐ Addition
NAME		62 NAME	James Small (N/A)
STREET ADDRESS		63 STREET ADDRESS	Rt. 2, Box 125 -Laurel Hill,Fl32567
CITY-ST-ZIP	Resigned by Sent	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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffery Bernard Wright 03-07-95 1-800-814-Ext.986-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0072687