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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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F43676

(8)

FLORAL IMPRESSIONS, INCORPORATED

## FILED Jan 26 1998 8:00am Secretary of State



(10/97

**CR2E034** 

Principal Place of Business Mailing Address 4203 A EL PRADO BLVO 4203 A EL PRADO BLVD TAMPA FL 33829-8451 TAMPA FL 33629-8451 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2119665 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HENDERSON, THOMAS N III 101 E KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3700** 83 33602 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE GIDDENS, HARRISON F NAME 12 NAME 902 S. DAKOTA, #6 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GIDDENS, THOMAS L NAME 2.2 NAME 902 S. DAKOTA, #6 STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CHY-ST-7IP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREFT ADDRESS** STREET ADDRESS 64 CITY - S1 - ZIP 14. Thereby 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 13 if changed or of an attachment with an address.