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FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F92821 (0)

1. Corporation Name
MICK'S FLORIST, INC.



Principal Place of Business Mailing Address
% JUDITH A. MICK
1135 APALACHEE PKWY.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified **08/02/1982** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
1135 Apalachee Pky **Same**

4. FEI Number **59-2220014** Applied For Not Applicable

22. **Tallahassee** 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **Tallahassee Fl** 28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **32301** 25. **Leon** 29. Zip 30. Country

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

MICK, JUDITH A.
1135 APALACHEE PKWY.
TALLAHASSEE FL 32301

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 *Judith a Mick* DATE **5/16/97**
 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	MICK, JUDITH A	
STREET ADDRESS	7734 HOLSTEINER LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MICK, JUDITH A.	
STREET ADDRESS	7734 HOLSTEINER LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEWART, KAREN	
STREET ADDRESS	8024 MALLARD HILL LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith a Mick* DATE **5/16/97** 904-878-6156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)