

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G31329** (7)

1. Corporation Name
UMATILLA FLORIST INCORPORATED



Principal Place of Business: **937 NORTH CENTRAL AVE PO BOX 1396 UMATILLA FL 32784-9289**
Mailing Address: **937 NORTH CENTRAL AVE PO BOX 1396 UMATILLA FL 32784-9289**

3. Date Incorporated or Qualified: **03/31/1983**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2268531**
Applied For: Not Applicable
5. Certificate of State's 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

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

g. Name and Address of Current Registered Agent

**CROSBY, JOANNE A
2265 SE HWY 42
UMATILLA FL 32784**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0603 and 607.0604, 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 I accept the obligations of, Sections 607.0603, Florida Statutes.

SIGNATURE: *Joanne A. Crosby*

3-20-96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | CROSBY, JOANNE A. | |
| STREET ADDRESS | 22655 SE HWY 42 | |
| CITY-ST-ZIP | UMATILLA FL | |
| TITLE | VST | <input type="checkbox"/> DELETE |
| NAME | CROSBY, JOANNE A. | |
| STREET ADDRESS | 22655 SE HWY 42 | |
| CITY-ST-ZIP | UMATILLA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. I do hereby certify that the information reported on this filing is true and correct, for the corporation stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this year's 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 officer or director responsible for the preparation and filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a similar form with annual filing.

SIGNATURE: *Joanne A. Crosby* **Joanne A. Crosby** **3-20-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

CR2E034 (12/95)