

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90025 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G31329

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Data Incorporated or Qualified 03/31/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2268531	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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 SHANANNE C. CAIN 82 Street Address (P.O. Box Number is Not Acceptable) 40520 EAST 8TH AVE. 83 UMATILLA 84 City FL. 85 Zip Code 32784			
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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: Shananne C. Cain DATE: 4-16-99
(Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reappointing))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDSST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, JOANNE A.	1.2 NAME	SHANANNE C. CAIN
STREET ADDRESS	22855 SE HWY 42	1.3 STREET ADDRESS	40520 EAST 8TH AVE
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	UMATILLA, FL. 32784
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, JOANNE A.	2.2 NAME	RODGER D. CAIN
STREET ADDRESS	22855 SE HWY 42	2.3 STREET ADDRESS	40520 EAST 8TH AVE
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	UMATILLA, FL. 32784
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Shananne C. Cain **SIGNATURE REQUIRED** DATE: 3-31-99 DAYTIME PHONE #: 352-669-5994
(Signature, typed or printed name of signing officer or director)

CR2E034 (1/1/98)