

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 APR 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L19724 (8)**

1. Corporation Name  
**MAIN STREAM FLORIST & GIFT SHOP, INC.**

Principal Place of Business Mailing Address  
**PO BOX 1309 THONOTOSASSA FL 33592**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/02/1989** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21 6610 E. Fowler Ave</b>	<b>26 6610 E. Fowler Ave</b>	<b>59-2968467</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
<b>22 Suite E</b>	<b>27 Suite E</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
<b>23 Temple Terrace, Fl</b>	<b>28 Temple Terrace, Fl</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip		
<b>24 33617</b>	<b>29 33617</b>	30. Country	
		8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>WARREN, PATRICIA A 10604 MAIN ST THONOTOSASSA FL 33592</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>6610 E. Fowler Ave</b> 83 Suite E 84 City <b>Temple Terrace</b> <b>FL</b> 85 Zip Code <b>33617</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, PATRICIA A.</b>	1.2 NAME	
STREET ADDRESS	<b>11621 LELAND HAWES RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THONOTOSASSA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, WALTER M.</b>	2.2 NAME	
STREET ADDRESS	<b>11621 LELAND HAWES RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THONOTOSASSA FL</b>	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Patricia A. Warren* *Patricia A. Warren* 3-24-95 P13 = 916 4269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #