

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L62362** (3)
1. Corporation Name
RODAN'S CRAFT & FLORAL, INC.



Principal Place of Business Mailing Address
312 E NINE MILE RD #12 PENSACOLA FL 32514

3. Date Incorporated or Qualified **03/29/1990** 3a. Date of Last Report **02/08/1995**

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

4. FEI Number **59-3003871** Applied For Not Applicable
5. Certificate of Status 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

9. Name and Address of Current Registered Agent
**SMITH, GREGORY D.
201 S BAYLEN ST
SUITE B
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FARNSWORTH, RICKEY D.	
STREET ADDRESS	201 S BAYLEN ST #B	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	GUNNING, ROBERT W.	
STREET ADDRESS	831-C HILLCREST RD	
CITY - ST - ZIP	MOBILE AL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCDONALD, DANNY III	
STREET ADDRESS	831-C HILLCREST RD	
CITY - ST - ZIP	MOBILE AL	
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		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DANNY MCDONALD, III	
33 STREET ADDRESS	1000 WINDERLY WAY PLACE T.H. #10	
34 CITY - ST - ZIP	MAITLAND, FLORIDA 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	DV	
42 NAME	JAMES N. ROSS	
43 STREET ADDRESS	12545 WHITAKER WAY	
44 CITY - ST - ZIP	PORTLAND, OREGON 97230	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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: Robert W. Gunning 4/29/96 (334) 344-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (The Filing #)

CR2E034 (12/95)