

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000010653 (1)**

1. Corporation Name

KEEPSAKE FLORAL, INC.

Principal Place of Business

~~2431 ALAMA AVE~~
~~216~~
~~WINTER PARK FL 32782~~
~~US~~

Mailing Address

P.O. BOX 149444
ORLANDO FL 32814-9444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3225920

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 724 Brookhaven Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

27 City & State

28

24 Zip

325603

25 Country

USA

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

DANA ADKINSON/KEEPSAKE FLORAL INC.

~~2431 ALAMA AVE~~

~~SUITE 221~~

~~WINTER PARK FL 32782~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

724 Brookhaven Drive

83

84 City **Orlando**

FL

85 Zip Code

325603

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7.15.97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ADKINSON, DANA H**
STREET ADDRESS **1810 MOHICAN TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE **S** ☐ DELETE

NAME **HOLLIFIELD, JOHN A.**
STREET ADDRESS **2331 RANDALL ROAD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Adkinson, Dana H.**

1.3 STREET ADDRESS **1810 Mohican Tr.**

1.4 CITY-ST-ZIP **Maitland, FL 32751**

2.1 TITLE **Secretary** ☒ Change ☐ Addition

2.2 NAME **Hollifield, John A.**

2.3 STREET ADDRESS **2331 Randall Rd.**

2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **Adkinson, Jay R.**

3.3 STREET ADDRESS **1810 Mohican Tr.**

3.4 CITY-ST-ZIP **Maitland FL 32751**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **Hollifield, Cornelia T.**

4.3 STREET ADDRESS **2331 Randall Rd.**

4.4 CITY-ST-ZIP **Winter Park, FL 32789**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **Hollifield, Travis R.**

5.3 STREET ADDRESS **500 N. Maitland Ave. #315**

5.4 CITY-ST-ZIP **Maitland FL 32751**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **500002259063-0**

6.3 STREET ADDRESS **-08/06/97-01040-013**

6.4 CITY-ST-ZIP ******165.00 ****165.00**

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

President

7.15.97

407-898-5992

APPROVED
AND
FILED

97 AUG -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)