FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # \$55985**

BRADENTON FL

KIMBREL, C DAN

AUGUSTA GA

1312 COMFORT RD

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

TITLE

NAME

1. Corporation Name

MANATEE FLORAL, INC.

MANATE	E FLORAL, INO.							
Principal Place	e of Business	Mailing Address						
1320 33RD ST W PO BOX 31 PALMETTO FL 34221 BRADENTON FL 34206 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		PO BOX 31 BRADENTON FL 34206 US 2a. Mailing Address 2b. A FEI Number 65-0270935 Suite, Apt. #, etc. 5. Certificate of Status Desired						
	lace of Business	├ 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		 -	T T T T T T T T T T T T T T T T T T T		
22					Carrier Signature	=\$5:00-M	lav Ra	
City & Stat		├ ──┐ ′						
23	Courter		Count	v	8 This corporation owes the current year i	ntangible	1	
Zip	Country			•	Personal Property Tax.	∐ Yes L	No	
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	9. Name and Address of Co	dirett Registeres Age	8					
SIMPSON, NATHAN B. 111 E MADISON ST				SAME (B.O. Day Number in Not Acceptable)				
				Street Address (P.O. Box Nulliber is Not Acceptable)				
FIRST FLORIDA TOWER 23RD FL TAMPA FL 33602-4888								
			les Zin Code					
				TIA	i /// Pi	of changing its to	2-5804	
11. Pursuant office or agent. I a	t to the provisions of Sections 60 registered agent, or both, in the 5 am familiar with, and accept the c	17.0502 and 607.1508, Florida Statutes, State of Florida. Such change was authobligations of, Section 607.0505, Florid	, the abo horized to la Statute	ove-named corp by the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as regi	istered	
SIGNATURE		(NOTE: R	enistered A	ent signature requir				
Signature, typed or printed name of registered agent and title if applicable.					ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
12.	SVD .						☐ Addition	
TITLE	PRESTON, WALTER L		1.2 NAV	E			ļ	
NAME	ARAL CAOT OF ME		1.3 STR	EET ADDRESS				
STREET ADDRESS	BRADENTON FL		1.4 CITY	-ST-ZIP		- CTI Officers	Addition	
TITLE	PD	☐ DELETE	2.1 TITL	1		_ 4 €n ange	☐ Addition (
NAME	PRESTON, WHITING H II		2.2 NAM	IE	- STICET W			
STREET ADDRESS - 8307 MARINA DR			2.3 STR	EET ADDRESS (/509 7	_	\	
CITY-ST-ZIP	HOLMBES BCH FL		2.4 CIT	Y-ST-ZIP	Almetto, Fl. SYLL	Change	CT Addition	
TITLE	TD	☐ DELETE	3.1 TITL	E	• •	☐ Change		
NAME	PRESTON, FLAVIA F		3.2 NAA	AE				
STREET ADDRESS	1-11 - 10T OT 11/		3.3 STF	EET ADDRESS			ł	

with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 severe or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in accuract an accuracy, with all other like empowered. CITY-ST-ZIP 14. I hereby certify that the informati indicated on this annual report or supplying Block 12 or Block 13 if chy

3.4, CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

4-16-99

941-721-0600

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90055 037 ***150.00

Addition

☐ Addition

Addition

Change

☐ Change

Change