

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90124 037 ***150.00

DOCUMENT # V30322

1. Corporation Name

TOP FLORIST SHOP, INC.

Principal Place of Business

1119 WHITE STR
KEY WEST FL 33040
US

Mailing Address

PO BOX 1676
KEY WEST FL 33041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1992

4. FEI Number

65-0354753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

VIVIAN A. OWL
40-B 9TH AVE.
KEY WEST FL 33040

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

Vivian Owl Pres. Corp.

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

(NOTE: Registered Agent signature required when reinstating)

1/19/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS OWL, VIVIAN
CITY-ST-ZIP % 1119 WHITE STR
KEY WEST FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS NILES, VIRGINIA R.
CITY-ST-ZIP % 1119 WHITE STR
KEY WEST FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS NILES, WILLIAM C.
CITY-ST-ZIP 1119 WHITE STREET
KEY WEST FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS OWL, EVERETT W.
CITY-ST-ZIP % 1119 WHITE STR
KEY WEST, FL 33040

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivian Owl Pres. Corp.

1/19/99

305-

294-4651

Date

Daytime Phone #

CR2E034 (11/98)