

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 12 AM 8:55

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # V46103 (0)**

1. Corporation Name  
**FLORA EXPRESS, INC.**

Principal Place of Business      Mailing Address  
**2905 COMANCHE RD**      **PO BOX 702076**  
**ST. CLOUD FL 34772**      **ST. CLOUD FL 34770**  
**US**      **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/22/1992**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
 21      28

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27

City & State      City & State  
 23      26

Zip      Country      Zip      Country  
 24      25      29      30

4. FEI Number      Applied For  
**59-3130092**      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**

**10. Name and Address of New Registered Agent**

**JOHN N. RALLIS II, CPA**  
**809 E. OAK ST**  
**STE. 103**  
**KISSIMMEE FL 34744**

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**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>EDWARDS, STEVEN B.</b>
STREET ADDRESS	<b>1212 CREEK WOODS CIR</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b>
NAME	<b>BARBAR, DOUGLAS E.</b>
STREET ADDRESS	<b>3175 H CRESTWOOD CIR</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	<b>St. Cloud, FL 34772</b>
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>Barber, Douglas E.</b>
2 3 STREET ADDRESS	<b>1138 Monroe Avenue</b>
2 4 CITY - ST - ZIP	<b>St. Cloud, FL 34769</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*5/31/95*

*(407) 892-5155*