**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90067 022 \*\*\*150.00

## 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

## DOCUMENT # V46103

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							DO NOT WRITE IN THIS SPACE						
03		03					3. Date Incorporated or Qualifect 06/22/1992	ţ					
2 Principal F	Place of Business	2a. Ma	illing Address				4. FEI Number	—–		$\neg \uparrow$	App	olied For	
<u> </u>	lace of Edsiriess	26					59-3130092				Not Applicable		
21 Suite Ant	t # etc	Suite, Apt. #, etc.								\$8.		dditional	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired			Fee Required				
City & Sta	ite -	<u></u>	ty & State				6. Election Campaign Financing	' <sub>□</sub>		-		May Be	
23		28					Trust Fund Contribution				ded to	Fees	
Zip	Country	Zip		Countr	ry		8. This corporation owes the cur	rrent ye			·	□No :	
24	25	29		30			Personal Property Tax.	Tools.		Yes		ino in	
<u> </u>	9. Name and Address of Curi	rent Registere	d Agent	8	4	Name	10. Name and Address of New	Kegis	terea A	gent			
IOI	HN N. RALLIS II, CPA			ľ	۱,	Name							
	· · · · · · · · · · · · · · · · · · ·			8:	2	Street Addre	ess (P.O. Box Number is Not Accept	table)	_				
	E. OAK ST			L	1								
1	E. 103			8:	3								
KI3	SIMMEE FL 34744			84	4	City		-		85	Zip C	ode	
ļ	t to the provisions of Sections 607.0	_			ı	•	<u> </u>	t	<u>FL</u>	1 1	•	,	
office or	registered agent, or both, in the Sta am familiar with, and accept the obli	ate of Florida. S ligations of, Sec	Such change was ction 607.0505, FI	authorized by lorida Statute	oyth ∋s.	he corporation	n's board of directors: I hereby acce	ept the	appoin ATE	tment :	as reg	istered	
12.	_ <del> </del>	AND DIRECTO	<u>-</u>	13.		alginiting	ADDITIONS/CHANGES TO O			DIRE	CTOF	RS IN 12	
TITLE	D OF FIGURE AND BIRCOTO		DELETE	1.1 TITLE						Cha		Addition	
NAME	EDWARDS, STEVEN B.				12 NAME					_	-	_	
STREET ADDRESS					1.3 STREET ADDRESS					,			
07 01 0110 51					1.4 CITY-ST-ZIP					`			
CITY-ST-ZIP	D D		□ DELETE			-ZIP				Cha	inge	Addition	
ì	1 -		222.0		2.1 TITLE 2.2 NAME					_			
NAME	BARBER, DOUGLAS E												
STREET ADDRESS				t t		ADDRESS							
CITY-ST-ZIP	ST CLOUD FL		DELETE	2.4 CITY- 3.1 TITLE		-ZIP				Cha		Addition	
TITLE				3.1 TITLE						<b>□</b> +···	1194	٠,٠=	
NAME	_)					*DDBE00							
STREET ADDRESS	3					ADDRESS							
CITY-ST-ZIP	<del> </del>	[ ] DELETE		34 CITY- 4.1 TITLE		-ZIP	<del></del>			Cha		Addition	
TITLE		_ been			4.1 MLE 4.2 NAME						5~	L.,	
NAME													
STREET ADDRESS	3					ADDRESS							
CITY-ST-ZIP	<del> </del>		DELETE	4.4 CITY- 5.1 TITLE		ZIP	<del></del>			Cha	nne	Addition	
TITLE				5.2 NAME						L	ingc		
NAME						ADODESS							
STREET ADDRESS	۶)			ľ		ADDRESS							
CITY-ST-ZIP				5.4 CITY-		.212							
TITLE	1		TT ACLES	64 7171 5						Ch		C Addition	
1			☐ DELETE	6.1 TITLE	=					Cha	inge	Addition	
NAME			DELETE	6.2 NAME	E	ADDRESS				Cha	inge	Addition	

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP