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 # P9 1. Corporation Name CLERMONT FLORIST, INC. P96000098180 (8)

SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUL 24 AM 9: 07



District Dissessing	Billian Ballian			FFI 00110 10101 10101 11101 1101 1011 101
Principal Place of Business Mailing Address 329 \$. PARK AVENUE 329 \$. PARK AVENUE				
WINTER PARK FL	329 S. PARK AVENUE Winter Park Fl			
	tinal control of the		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1203 W. Highway 50	26 1203 W.	<u> Highway 50</u>	59-3215280	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Clermont, FL	28 Clermont	, FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	d the current year Intengible
24 34711 25		30	Personal Property Tax due June	30. ⊠.Yes ☐ No
g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	jistered Agent
GARCIA, MARIO A		81 Name		
225 E. ROBINSON STREET, SUITE 540			dress (P.O. Box Number is Not Acceptab	(a) (() () () ()
ORLANDO FL 32801				
		83		W 111
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0	502 and 607.1508. Florida Statute	es, the above-named co	rporation submits this statement for the p	
 Pursuant to the provisions of Sections 607 00 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl. 	te of Florida Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept	t the appointment as registered
•	gations of, Section 607,0505, Flo	riua Statutes.		
SIGNATURE Signature, typed or printed name of registered a	arent and title it applicable (NOTE	: Registered Agent signature requ	ariad when rejudation)	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	DELETE	1.1 TITLE	7.0017.0110,017.111020 10 01110	Change Addition
NAME BOYD, ANITA		1.2 NAME		- • -
STREET ADDRESS 329 S. PARK AVENUE		1.3 STREET ADDRESS	705 Heritage Boul	evard
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Park, FL	32792
TITLE VSTD	☐ DELETE	2.1 TITLE	WINDER TO KIND	Change Addition
NAME SMITH, JOSEPH		2.2 NAME		<u>-</u>
STREET ADDRESS 329 S. PARK AVENUE		2.3 STREET ADDRESS	705 Heritage Boul	evard
CITY-ST-ZIP WINTER PARK FL		2. 4 CITY-ST-ZIP	Winter Park, FL	
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME	والمار والمار والمار والمار والمار والمار والمار	وستر وسور مسو
STREET ADDRESS		3.3 STREET ADDRESS	40000 <i>666</i>	50334 2
CITY-ST-ZIP		3.4. CITY-ST-ZIP	東東東東1日で	77-01036024 5.00_****165.00
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP_		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS.		5.3 STRFET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information suppli	ied with this filing does not qualify	y for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the
information indicated on this annual report or I am an officer or director of the corporation	or the receiver or trustee empowe	ered to execute this repo	at my signature snail have the same legal ort as required by Chapter 607, Florida St	effect as it made under bath; that attitudes; and that my name
appears in Block 12 or Block 13 if changed,	or on an attachment with an addi	ress.	, , , , , , , , , , , , , , , , , , , ,	. , , , , , , , , , , , , , , , , , , ,

P9600098180 Assured Accounting Services, Inc.

240 Mohawk Road Clermont, Florida 34711 352-394-4048 Fax 352-394-3272

119 W. Lemon Street Lady Lake, Florida 32150 352-753-1337 Tax 352-753-0996

July 18, 1997

Division of Corporations Annual Reports section P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Clermont Florist, Inc. - 59-3215280

Dear Sir or Madam:

Enclosed please find a check in the amount of \$165.00 and the 1997 Corporate Annual Report for the above referenced corporation. This corporation was formed on 12/3/96 with a Winter Park, Florida address. The stockholders of this corporation lust received this second notice on the annual report and never received the first report. As you can see, the corporation changed its address to Clermont, Florida.

Because the shareholders are newly in business, they did not know about the annual report or the fee. They also did not realize the importance of contacting your department regarding the change of address.

We are respectfully requesting that you accept the \$165.00 and waive the late fee.

They are aware that if you forgive this penalty at this time, there will be no pardoning in the future.

Thanking you in advance,

I certify the above are true statements.

Enclosures