## 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 # P96000098180 1. Corporation Name

CLERMONT FLORIST, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90047 024 \*\*\*150.00



Principal Place of Business		Mailing Address		1 (35)(66) (35) (5)(6 5)(1) 62(1) 62(1)			
1203 W, HIGHWAY 50 CLERMONT FL 34711		1203 W. HIGHWAY 50 CLERMONT FL 34711					
				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	1110 01 7102	<del></del>	
				12/03/1996		-	
2 Delaying Di	ace of Business	2a. Mailing Address		4. FEI Number	Anr	lied For	
<b>⊢</b> – ′	ace of Business	<b>⊢</b> •		59-3215280	<u> </u>	Applicable	
Suite, Apt. #	# ata	Suite, Apt. #, etc.		_	\$8.75 A		
	#, etc.	27		5. Certifcate of Status Desired	Fee Red		
22 City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00	May Be	_
23		28		Trust Fund Contribution	Added to	- 1	Ĭ.
Zip	Country	Zip	Country	8. This corporation owes the current year	ır Intangible		
24	25	29 30	7	Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent		
			81 Name				
	CIA, MARIO A		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		_	
225 1	E. ROBINSON STREET, SUITE 5	40	0.100171001				
ORL	ANDO FL 32801		83				
1			21 04		85 Zip C	ode	
•			84 City	•		.000	
Office or re	enistered agent or both in the State.	of Florida. Such change was autho	orized by the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its oppointment as reg	registered pistered	
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.				
_						1	
SIGNATURE	•			DAT	F		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Rec	gistered Agent signature require	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12	(86)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		gistered Agent signature require	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12	11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Rec	gistered Agent signature require  13.  1.1 TITLE		S AND DIRECTO	RS IN 12	<b>24</b> (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN PD BOYD, ANITA	nt and title if applicable. (NOTE: Rec	gistered Agent signature require 13. 1.1 TITLE 12 NAME		S AND DIRECTO	RS IN 12	F034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD BOYD, ANITA 705 HERITAGE BLVD.	nt and title if applicable. (NOTE: Rec	gistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		S AND DIRECTO	RS IN 12	R2F034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PD BOYD, ANITA 705 HERITAGE BLVD. WINTER PARK FL 32792	nt and title if applicable. (NOTE: Rec	gistered Agent signature require 13. 1.1 TITLE 12 NAME		S AND DIRECTO	RS IN 12 Addition Addition	CR2F034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ager OFFICERS AN PD BOYD, ANITA 705 HERITAGE BLVD. WINTER PARK FL 32792 VSTD	nt and title if applicable. (NOTE: Red	gistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		S AND DIRECTO		CR2F034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN PD BOYD, ANITA 705 HERITAGE BLVD. WINTER PARK FL 32792 VSTD SMITH, JOSEPH	nt and title if applicable. (NOTE: Red	gistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		S AND DIRECTO		CR2F034 (11/98)
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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:**