## 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 # 160217

1. Corporation Name

HICKERS	SON FLOWERS, INC.							
			<del></del>			1911 (1891 <b>1</b> 891) B	1811 BADIA BABA	DIRIK PIPIK KRAK
Principal Place		Mailing Address						
3451 LUST ROAD 3451 LUST ROAD APOPKA FL 32704-1148 APOPKA FL 32703						,		
US				DO NOT WRITE IN THIS SPACE		SPACE		
					3. Date Incorporated or Qualifed		•	]
					02/06/1950		<del></del>	
2. Principal P	face of Business .	2a. Mailing Address			4. FEI Number		<b>——</b>	polied For
21		26		-	59-0626922	<del> </del>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
City & State		City & State			C Flasting Compaign Figureins			<del></del>
23	e	28			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	rent vear Int		
24	25	29	ดี	ĺ	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	☐ Yes	□No
, <del> </del>	9. Name and Address of Curren				10. Name and Address of New	Registered	Agent	
			81 Nar	me				
	(ERSON,NORMAN E		82 Stre	eet Addres	ss (P.O. Box Number is Not Accept	able)		
	S. TREMAIN #F2							
MI.	DORA FL 32757		83					
			84 City				85 Zip	Code
						F <u>L</u>	.     '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-nam norized by the c	ned corpor orporation	ration submits this statement for the 's heard of directors. I hereby acce	e purpose of of the appoi	changing it: ntment as ri	s registered egistered
	edistered agent of both in the State.	akrionna. Such channe was auti						
agent. I a	registered agent, or both, in the State manifest with, and accept the obliga	or rionda. Such change was auti ons of, Section 607.0505, Florid	a Statutes.		26	a low	2	(
agent. I a	There E. T.	icher soc			- 217	4/9	<del></del>	
SIGNATURE	Signature, typed or printed name of registered ager	nt and tritle if applicable. (NOTE: Re	egistered Agent signat		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	icher soc			- 217	DATE		
SIGNATURE	Senature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signat		when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN P HICKERSON, NORMAN E.	nt and title if applicable. (NOTE: Re	egistered Agent signat  13.  1.1 TiTLE  1.2 NAME	ure required w	when reinstating)	DATE	D DIRECT	ORS IN 12
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

acies SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90054 041 \*\*\*150.00