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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 266664 (2)
1. Corporation Name
SCHRAMM'S FLOWERS, INC.



Principal Place of Business Mailing Address
1201 S. KANNER HWY.
PO BOX 1786
STUART FL 34995
1201 S. KANNER HWY.
PO BOX 1786
STUART FL 34995-1786

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/30/1963 12/10/1996
4. FEI Number Applied For
59-0987840 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. 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
GLADDEN, WILLIAM A
103 FLAMINGO AVE
STUART FL 34998
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: *Carl A. Schramm* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME GLADDEN, WILLIAM A 1.2 NAME
STREET ADDRESS 103 FLAMINGO AVE 1.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 1.4 CITY-ST-ZIP
TITLE T ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME SCHRAMM, CARL A 2.2 NAME
STREET ADDRESS 107 FLAMINGO AVE 2.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 2.4 CITY-ST-ZIP
TITLE D ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME SCHRAMM, CARL A 3.2 NAME
STREET ADDRESS 107 FLAMINGO AVE 3.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 3.4 CITY-ST-ZIP
TITLE V ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME SCHRAMM, KATHLEEN 4.2 NAME
STREET ADDRESS 107 FLAMINGO AVE. 4.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 4.4 CITY-ST-ZIP
TITLE SD ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME GLADDEN, CONSTANCE M 5.2 NAME
STREET ADDRESS 103 FLAMINGO AVE. 5.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 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 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.

SIGNATURE: *Carl A. Schramm* 4-24-97 661-287-2237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011786

CR2E034 (9/96)