

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 # 266664

1. Corporation Name

SCHRAMM'S FLOWERS, INC.

Principal Place of Business

1201 S KANNER HWY
STUART FL 34995
US

Mailing Address

PO BOX 1786
PO BOX 1786
STUART FL 34995
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GLADDEN, WILLIAM A
103 FLAMINGO AVE
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1963

4. FEI Number

59-0997840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name GLADDEN WILLIAM A.
82 Street Address (P.O. Box Number is Not Acceptable)
1126 S.W. 34th TERRACE
83
84 City PALM CITY FL 85 Zip Code 34990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GLADDEN, WILLIAM A
STREET ADDRESS 103 FLAMINGO AVE
CITY-ST-ZIP STUART FL

TITLE T ☐ DELETE

NAME SCHRAMM, CARL A
STREET ADDRESS 107 FLAMINGO AVE
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME SCHRAMM, CARL A
STREET ADDRESS 107 FLAMINGO AVE
CITY-ST-ZIP STUART FL

TITLE V ☐ DELETE

NAME SCHRAMM, KATHLEEN
STREET ADDRESS 107 FLAMINGO AVE
CITY-ST-ZIP STUART FL

TITLE SDV ☐ DELETE

NAME SCHRAMM, KATHLEEN
STREET ADDRESS 107 FLAMINGO AVE
CITY-ST-ZIP STUART FL 34996-1786

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1126 S.W. 34th TERRACE
1.4 CITY-ST-ZIP PALM CITY, FL 34990

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Carl Schramm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 561-287-2737
Date Daytime Phone #

CR2E034 (11/98)