## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 368887

(6)

COX'S FLOWERS, INC.

**FILED** Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 100100 (1)10 01101 10101 10101 10111 101	. 61211 61211 61211 51611 617	1 6 6 6 1 6 1 6 6 1
640 PARK ST JACKSONVILLE FL 32204		640 PARK ST JACKSONVILLE FL 32204		DO NOT WRITE	IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 08/26/1970</li> </ol>		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-1303202	No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	ing \$5.00 May Be		
23		Zip Country					
Zip	Country	Zıp	30	uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	25 Name and Address of Curre	29 Agent	1301		10. Name and Address of New Registered Agent		
	X, LINDA R.	THE STORESTON PAGE TO		Name	10.	<u></u>	
11250 PRINCESSA LANE			ī	32 Street A	dress (P.O. Box Number is Not Acceptable)		
JA	CKSONVILLE FL 32218		Ī	33	<del></del>		
			ī	34 City		<b>85</b> Zip	Code
				<u> </u>		FL <sup>85</sup> <sup>219</sup>	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obli	id2 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	tes, the abi authorized lorida Statu	by the corp tes.	corporation submits this statement for the p oration's board of directors. I hereby accep	orpose of changing to the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	gent and tric if applicable (NO	TE: Registered	Agent signature r	required when reinstating)	DATE	
12.	OFFICERS AI	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	<del>-</del>		1.1 1111	E		Change	Addition
NAME	· · · · · · · · · · · · · · · · · ·		1.2 NAM	(E			
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	P	☐ DELET <b>e</b>	2.1 TITLE			☐ Change	Addition
NAME	COX, ALTON C JR.		2.2 NAM	IE :			
STREET ADDRESS	11250 PRINCESSA LANE		2.3 STREET				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY+ST-ZIP			T as a second	A 4 500
TITLE	1	☐ DELETE 3.1 TI		4		Change	☐ Addition
NAME .	COX, ALTON C JR.		3.2 NAM	1			
STREET ADDRESS	11250 PRINCESSA LANE		3.3 STREET ADDRESS				]
CITY-ST-ZIP	JACKSONVILLE FL	T per exe		Y-ST-ZIP		Change	Addition
TITLE	_		4.1 TITL	1		Change	Addition
NAME			4. 2 NA	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TITU	-ST-ZIP		Change	Addition
TITLE		☐ DETEI <b>C</b>				E-1 Olialige	
NAME			5.2 NAM	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETÉ		r-ST-ZIP		☐ Change	Addition
TITLE		<u> </u>	6.1 TITE	1		ontarige	
NAME			6.2 NAM	1			
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	'-ST-ZIP	d in Contine 110 07/9Vi) Elerida Statutos 1	Ellehan alleit, shar sha	information.

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 informatio 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.