

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 371331 (0)

1. Corporation Name
RUTH MESSMER FLORIST, INCORPORATED

Principal Place of Business Mailing Address
**3366 CLEVELAND AVE
P.O. BOX 848
FORT MYERS FL 33902-0848
US** **3366 CLEVELAND AVE
P.O. BOX 848
FORT MYERS FL 33902-0848
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1970** 3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1306019		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANKLIN JR, JAMES A 2100 SECOND STREET FORT MYERS FL 33901				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSMER, RUTH		1.2 NAME		
STREET ADDRESS	5563 TRELIS LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 CITY-ST-ZIP		Zip = 33919
TITLE	VD		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNER, HEATHER MESSMER		2.2 NAME	MESSMER, HEATHER	
STREET ADDRESS	4433 ORANGEWOOD		2.3 STREET ADDRESS	1605 CORDONADO	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	PD		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSMER, RICHARD P		3.2 NAME		
STREET ADDRESS	106 PLACID DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		3.4 CITY-ST-ZIP		Zip = 33919
TITLE			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: _____ DATE: 14 MAR 95 DISTRICT: B13-956-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR