

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 472524 (8)

1. Corporation Name

HOUSE OF FLOWERS OF BRANDON, INC.

Principal Place of Business

650 OAKFIELD DRIVE
BRANDON FL 33511

Mailing Address

650 OAKFIELD DRIVE
BRANDON FL 33511

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SZCEPANSKI, DENNIS G
3810 POLUMBO DR
VALRICO FL 33594

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/26/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1582726

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 has liability for intangible tax under s. 193.032,
Florida Statutes.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 607.0602 and 607.1306, 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, the undersigned, am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

By _____, Secretary of State, on _____, 1996.

By _____, President or Vice President, on _____, 1996.

Date

12. OFFICERS AND DIRECTORS

1. TITLE

PT

☐ DELETE

NAME

SZCEPANSKI, DENNIS G

STREET ADDRESS

3810 POLUMBO DR

CITY-STATE-ZIP

VALRICO FL

2. TITLE

VS

☐ DELETE

NAME

SZCEPANSKI, ANN L

STREET ADDRESS

3810 POLUMBO DR

CITY-STATE-ZIP

VALRICO FL

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, or 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:

Dennis G. Szcepanksi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

813-685-4683
(By the Filer)

CR2E034 (12/95)