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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 495932

(6)

FILED	
May 07 1998 8:00an]
Secretary of State	

Principal Place	SON'S FLORAL NURSERY,	Mailing Address					
13555-82ND /		13555-82ND AVE. NO	DTH		Ì		
SEMINOLE FL		SEMINOLE FL 34648	niii				
					DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE	
					01/19/1976		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
1		26			59-1654310		t Applicable
Suite, Apl	W, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 /	
City & State		City & State				Fee Re	
3]	3	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	7 _(p)	Coun	try	8. This corporation owes or has paid the		
4	25	29	30		Personal Property Tax due June 30.		No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
	renson, Ferdinand J.		18	Name			
	555 82ND AVE. NORTH		ļī.	32 Street	Address (P.O. Box Number is Not Acceptable)		
SE	MINOLE FL 34646		-	33			
				53			
			1	14 City		85 Zip (Code
44 Pureuant	to the provisions of Sections 607 (15.0)	2 and 607 1508 Florida St	atutes the abo	named	corporation submits this statement for the purpo- poration's board of directors. I hereby accept the		s registered
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND		NOTE Registered in	Agent signature	a required when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PD	DELETE	1.1 31fL	E		Change	Addition
NAME	SORENSON, FERDINAND J.		1.2 NAN				
STREET ADDRESS	13555-82ND AVE. NORTH						
CFTY-ST-ZIP				FET ADDRESS	1		
700 C	SEMINOLE FL	THE WIETE	1.4 CITY	-ST-ZIP		2 2	Addition
	D	DELETE	1.4 GITY 2.1 TITL	/-ST-ZIP E	SEC.	Change	Addition
NAME	D Sorenson, James J.	DELETE	1.4 CITY 2.1 TITL 2.2 NAM	/-ST-ZIP E AE	SLG ALLWOOD ANTHUR	Change	Addition
NAME Street address	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	D UETE	1.4 CITY 2.1 THTL 2.2 NAM 2.3 STR	Y-ST-ZIP E ME EFT ADDRESS	SEC. ALLWOOD ANTHUR 13555 GRUPAVE, NO SMUSSIE EL 31226	Change	Addition
NAME Street address City-St-Zip	D Sorenson, James J.	DELETE	1.4 CITY 2.1 THTL 2.2 NAM 2.3 STR	/-ST-ZIP E Me Eft Address Y-ST-Zip	SEC. ALLWOOD ANTHUR, 13565, GRUPAVE, NO SMINDLE, FL. 33776	Change Change	
name Street address City-st-zip Title	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	·	1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CIT	(-ST-ZIP E ME EFT ADDRESS Y-ST-ZIP F	SEC. ALLWOOD ANTHUR, 13555 BLUG AVE.NO SMINDLE, FL. 73776		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	·	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM	(-ST-ZIP E ME EFT ADDRESS Y-ST-ZIP F	SEC. ALLWOOD ANTHUR, 13565 BLUG AVE. NO SMINIELE, FL. 33776		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	DELETE	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STRI 3.4 CIT	Y-ST-ZIP E ME EFF ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP	SEC. ALLWOOD ANTHUR, 13555 GING AVE. NO SMINDER, FL. 33776	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	·	1.4 CITY 2.1 IVIL 2.2 NAA 2.3 STR 2.4 CIF 3.1 IVIL 3.2 NAA 3.3 STR 3.4 CIF 4.1 IVIL	(-ST-ZIP E ME EEFT ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E	SECH ALLWOOD ANTHUR 13555 GIND AVEND SMINDER, FL. 33776		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SORENSON, JAMES J. 13555-82ND AVE. NORTH	DELETE	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI	(-ST-ZIP E ME EFFT ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E	SECH ALLWOOD ANTHUR 13555. GLUD AVE. NO SMINDELE, FL. 33776	☐ Change	Addition
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14. Thereby 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 or an altractment with an address

SIGNATURE:

SIGNATURE: _