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FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 531900

(9)

1. Corporation Name

COX MAIN STREET FLORIST, INC.

Principal Place of Business

4218 MAIN ST.
JACKSONVILLE FL 32206

Mailing Address

4218 MAIN ST.
JACKSONVILLE FL 32206-1430



3. Date Incorporated or Qualified

04/20/1977

3a. Date of Last Report

05/09/1996

2. Principal Place of Business

21 State, Apt. #, etc.

2a. Mailing Address

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-1739080

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

COX L. IRENE
8829 MACARTHUR ST.
JACKSONVILLE FL 32216

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 607.0502 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-97

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME COX, STEVE B 12531 FLYNN RD JACKSONVILLE FL	1.1 TITLE Change Addition
12.2 NAME POPE, SANDRA J. 1923 GRIFLET RD. JACKSONVILLE FL	1.2 NAME Change Addition
12.3 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	1.3 STREET ADDRESS Change Addition
12.4 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	1.4 CITY-ST-ZIP Change Addition
12.5 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	2.1 TITLE Change Addition
12.6 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	2.2 NAME Change Addition
12.7 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	2.3 STREET ADDRESS Change Addition
12.8 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	2.4 CITY-ST-ZIP Change Addition
12.9 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	3.1 TITLE Change Addition
12.10 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	3.2 NAME Change Addition
12.11 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	3.3 STREET ADDRESS Change Addition
12.12 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	3.4 CITY-ST-ZIP Change Addition
12.13 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	4.1 TITLE Change Addition
12.14 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	4.2 NAME Change Addition
12.15 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	4.3 STREET ADDRESS Change Addition
12.16 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	4.4 CITY-ST-ZIP Change Addition
12.17 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	5.1 TITLE Change Addition
12.18 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	5.2 NAME Change Addition
12.19 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	5.3 STREET ADDRESS Change Addition
12.20 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	5.4 CITY-ST-ZIP Change Addition
12.21 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	6.1 TITLE Change Addition
12.22 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	6.2 NAME Change Addition
12.23 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	6.3 STREET ADDRESS Change Addition
12.24 NAME ST 8829 MACARTHUR CT S JACKSONVILLE FL	6.4 CITY-ST-ZIP Change Addition

14. I do 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 included 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 a member 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:

[Signature]

Date

Daytime Phone #

00300311

CR2E034 (9/96)