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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 575055 (9)

1. Corporation Name
BUTLER'S FLORIST, INC.

Principal Place of Business	Mailing Address
248A EGLIN PARKWAY NE FT. WALTON BEACH FL 32547 US	248A EGLIN PARKWAY NE FT. WALTON BEACH FL 32547 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1978
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21: 430 RACETRACK RD NE
22 Suite, Apt. #, etc.: Fort Walton Beach FL
23 City & State: 32547
24 Zip:
25 Country: OKALOOSA

2a. Mailing Address
26: 430 RACETRACK RD NE
27 Suite, Apt. #, etc.: Ft Walton Bch, FL
28 City & State: 32547
29 Zip:
30 Country: OKALOOSA

4. FEI Number: 59-1836476 ☐ 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

RISHER, BUTLER SUSAN
248A EGLIN PARKWAY NE
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 430 Racetrack RD NE
83
84 City: Ft Walton Beach FL 85 Zip Code: 32547

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
(Printed or typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	BUTLER, GEORGIA A.	12 NAME	
STREET ADDRESS	705 TROWBRIDGE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	RISHER, MARY SUSAN	22 NAME	
STREET ADDRESS	201 KETTERING CT.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HARRISON, ANN	32 NAME	
STREET ADDRESS	231 TIMBERLANE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of changed, or on an attachment with an arrow.

SIGNATURE: Mary Susan Butler Risher 2/22/1995 904-862-3197/1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY SUSAN BUTLER RISHER

0300121 CP