FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 589168 (4)JENNIE'S FLOWER SHOP, INC. Principal Place of Business Mailing Address 2730 W COLUMBUS DR 2730 W COLUMBUS DR **TAMPA FL 33607** TAMPA FL 33607 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1978 03/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 26 2508W IV15t 21 59-1851071 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 lampa Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CAMPISI, FRANK J Street Address (P.O. Box Number is Not Acceptable) 2730 W COLUMBUS DR TAMPA FL 33607 83 84 85 Zip Code Pursuant to the provisions or registered agent, or br us 607.050° at 607.1508, Florida Statutes, the above named corporation submitts this statement for the purpose of changing its registered office at Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Jon 607.0505, Florida Statutes. familiar with, and accept the SIGNATURE ** or stered agent and title it applicable (NOTE: Bugistered Agent signature re CR2E034 (12/95) 12. FRICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition NAME CAMPISI, JENNIE F. 1.2 NAME 2730 W. COLUMBUS DR. STREET ADORESS. 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIF TITLE DELETE 2.111118 ☐ Change Addition CAMPISI, ADOPH FRANK NAME 2.2 NAME 2730 W. COLUMBUS DR. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2.4 CHY - ST - ZIP TITLE **VD** DELETE 3 1 TITLE Addition NAME HOPPES, PATRICIA A 3.2 NAME 2730 W COLUMBUS DR. STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4 C(1) - \$1-2(P) TITLE DELETE 4. 1 TITLE Change ☐ Addition CAMPISI, FRANK J. 4.2 NAME 2730 W. COLUMBUS DR. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 4.4.01TY+ST-7iP TITLE DELETE 5 1 THE Change Addition NAME 5.2 NAM: STREE! ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY - S1 - 2IP TITLE DELETE 6 1 TIT_E Change Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CiTY-S1-14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does rectify that the information indicated on this annual report or supplemental annual report is coath; that I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address. of quality for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further and accurate and that my signature shall have the same legal effect as if made under execute this reprort as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: FRANK J. Compisi