FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

City-St-ZiP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 606264

(0)

AMERICAN FLOWER FARMS, INC.

FILED						
May 05	1997	8:00am				
Secretary of State						

Frincipa Place of Business Mailing Address HWY #17 AT HWY #207 P.O. BOX 607 EAST PALATKA FL 32131 FAST PALATKA FL 32131 FAST PALATKA FL 32131 FAST PALATKA FL 32131					
US PALATRA	1 FL 32131	US	<i>'</i>	Date Incorporated or Qualified 01/10/1979	3a, Date of Last Report 05/01/1996
2. Principa f	Place of Business	2a. Mailing Address		4. FEI Number 59-1879515	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt +#, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
Orty & Stat	е	City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(μ) 24	Country 25	Zip 3	Country 0	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
HWY	CHEK, JAMES E. 7. 207,ORANGE MILLS		B1 Name B2 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	BOX 607 ALATKA FL 32131		83		
1			84 City		FL 85 Zip Code
office ora	registered agent, or both, in the Sta anglamiliar with and accept the obli	te of Florida. Such change was au igations of. Section 607.0505, Flori	thorized by the corpora da Statules	poration submits this statement for the pation's board of directors. I hereby accep	ot the appointment as registered
	Signature, typed or printed name of registered a		Registered Agent signature requ		DATE
12.	,	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
1/11/6	VSD	C) DECEIE	1,1 1/11.1		Criange Audition
MWt	STONE, ANGELA M.		1.2 NAME		
STREET ADDRESS	219 HWY 17TH SOUTH		1.3 STPEET ADDRESS		
CITY - S1 - Zie-	E. PALATKA FL	DELETE.	1.4 City-ST-ZIP		0.000
TiTLE	D AMORDO MONIOUE	☐ DELETÉ	2.1 TITL		Change Addition
NAME	LANGFORD, MONIQUE		2.2 NAM		
STREET ADDRESS	219 HWY. 17 SOUTH		2.3 STREET ADDRESS		
C [Y-51-2iP	E. PALATKA FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
THEF	PD AMACUER IMMES E	E J OFCE IF	3.1 TITLE		Abdition
NAME	MACHEK, JAMES E.		3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
0.17 \$1-712 1 ILE	E. PALATKA FL	DELETE	3 4. CHTY: ST-ZIP		Change Addition
l .		C3 perce	4.1 ITE		FT OURSE FT UNDOUGH
NAME CONSTRUCTOR OF					
STREET ACCIDESS			4.3 STREET ADDRESS		
CHY+ST-ZiP THLE		DELETE	4.4 CITY ST - ZIP		Change Addition
		- Otterit	5.1 ITTLE.		Frit Atmilds Frit Udgettell
NAM1					
STREET ADDRESS			5.3 STREET ADDRESS		
CHY ST-Zift		DELETE	6.1 TITLE		Change Addition
HHIE					Emi custigo Em Manason
NAME			6 2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

6.4 CITY - \$1 - ZIP 14. Ldo nereby cortify 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 it am an efficer or director of the comporation 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.