FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749337** **(2)**

1. Corporation Name

SOUTH WEST FLORIDA FLORISTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% WARREN W. MERKLE, JR. 2330-B PALM RIDGE ROAD SANIBEL FL 33957	% WARREN W. MERKLE, JR. 2330-B PALM RIDGE ROAD SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1979
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2350645 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business: Pelican Bay Florist	26	2a. Mailing Address: Pelican Bay Florist
22	Suite, Apt. #, etc.: 16355 Vanderbilt Dr. Ste 101	27	Suite, Apt. #, etc.: 16355 Vanderbilt Dr. Ste 101
23	City & State: Bonita Springs, Fl.	28	City & State: Bonita Springs, FL.
24	Zip: 33923	29	Zip: 33923
25	Country: Lee	30	Country: Lee

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERKLE, WARREN W JR.
2330-B PALM RIDGE ROAD
SANIBEL FL 33957

10. Name and Address of New Registered Agent

91 Name: Jandreski, Paulette
92 Street Address (P.O. Box Number is Not Acceptable): 16355 Vanderbilt Dr. Suite 101
93: Pelican Bay Florist
94 City: Bonita Springs FL 95 Zip Code: 33923

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: Paulette A. Jandreski — April 10, 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	URSINI, THOMAS	12 NAME	
STREET ADDRESS	1440 MEDOC LANE	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33919	14 CITY ST ZIP	
TITLE	VP	21 TITLE	VP ☑ Change ☐ Addition
NAME	RONDOU, ALFREDO	22 NAME	Gill, Donna
STREET ADDRESS	2135 S.E. 18TH PLACE	23 STREET ADDRESS	400 Tamiami Trail
CITY ST ZIP	CAPE CORAL FL 33990	24 CITY ST ZIP	Pt. Charlotte, Fl. 33948
TITLE	T	31 TITLE	T ☑ Change ☐ Addition
NAME	MERKLE, WARREN W JR.	32 NAME	Jandreski, Paulette
STREET ADDRESS	992 BLACK SKIMMER WAY	33 STREET ADDRESS	16355 Vanderbilt Dr. Suite 101
CITY ST ZIP	SANIBEL FL 33957	34 CITY ST ZIP	Bonita Springs, Fl. 33923
TITLE	S	41 TITLE	S ☑ Change ☐ Addition
NAME	CHADD, PATRICIA	42 NAME	Murphy, MaryAnn
STREET ADDRESS	5027 PELICAN BLVD.	43 STREET ADDRESS	P.O Box 163 Station 1
CITY ST ZIP	CAPE CORAL FL 33914	44 CITY ST ZIP	Ft. Myers Beach, FL. 33931
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	POTTER, PATRICIA	52 NAME	CROFT, Debby
STREET ADDRESS	5702 FOX LAKE DR.	53 STREET ADDRESS	2608 Everest Pkwy.
CITY ST ZIP	FT. MYERS FL 33917	54 CITY ST ZIP	Cape Coral, Fl. 33904
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME	KALAMA, SALLY	62 NAME	Faber, Norene
STREET ADDRESS	43 DENVER DRIVE	63 STREET ADDRESS	900 Tamiami Trail
CITY ST ZIP	PT. CHARLOTTE FL 33914	64 CITY ST ZIP	Pt. Charlotte, FL. 33948

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/29/95 813-482-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017410