FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 749337 (2)

1. Corporation Name

SOUTH WEST FLORIDA FLORISTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PELICAN BAY FLORIST 16355 VANDERBILT DR., STE. 101 BONITA SPRINGS FL 33923 US	PELICAN BAY FLORIST 16355 VANDERBILT DR.,ST.101 BONITA SPRINGS FL 33923 US

3. Date Incorporated or Qualified: 10/16/1979

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 Port Charlotte Florist	26 Port Charlotte Florist
Suite, Apt. #, etc. 22 900 Tamiami tr.	Suite, Apt. #, etc. 27 900 Tamiami tr.
City & State 23 Port Charlotte, Fl.	City & State 28 Port Charlotte Fl.
Zip 24 33952 Country 25 Charlotte	Zip 29 33952 Country 30 Charlotte

4. FEI Number: 59-2350645 ☐ 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

VANDERESKI, PAULETTE
16355 VANDERBILT DR., STE. 101
PELICAN BAY FLORIST
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Tommy R. Webb
82 Street Address (P.O. Box Number is Not Acceptable): 900 Tamiami Trail
83: Port Charlotte Florist
84 City: Port Charlotte FL 85 Zip Code: 33954

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE: Tommy R. Webb DATE: 6/4/96
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P URSINI, THOMAS 1440 MEDOC LANE FT. MYERS FL 33919	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Donna Hill 900 Tamiami Tr. Pt. Charlotte, Fl. 33954 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILL, DONNA 900 TAMIAMI TR. PT. CHARLOTTE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Serena Marsh 4814 Palm Beach Blvd Ft Myers Fl. 33905 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANDRESKI, PAULETTE 16355 VANDERBILT DR., STE. 101 BONITA SPRINGS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Tommy R. Webb 13560 Cork Tree Port Charlotte, Fl. 33954 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MURPHY, MARYANN P.O. BOX 163 , STAT. 1 FT. MYERS BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Linda Menhken 2171 Tamiami tr P Charlotte, Fl. 33948 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROFT, DEBBY 2608 EVEREST PKWY CAPE CORAL FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Roberta Platt 509 9th St N Naples, Fl. 33940 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABER, NORENE 900 TAMIAMI TR PT CHARLOTTE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Norene Faber 900 Tamiami tr Ft. Charlotte F. ☐ Change ☐ Addition

CR2E037 (12/95)

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: Tommy Webb Treasurer 6/4/96 941-627-2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #