


FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F50507 (5)

1. Corporation Name  
THE FLOWER CONE, INC.

Principal Place of Business  
CHRIS CHAPMAN  
11140 N. 30TH STREET  
TAMPA FL 33612

Mailing Address  
CHRIS CHAPMAN  
11140 N. 30TH STREET  
TAMPA FL 33612

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
10/21/1981  
4. FEI Number  
59-2126938  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
CHAPMAN, CHRIS  
10414 N. WOODMERE RD  
TAMPA FL 33617

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

SIGNATURE  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE DPT  
1.2 NAME CHAPMAN, CHRIS  
1.3 STREET ADDRESS 11140 N. 30TH STREET  
1.4 CITY-ST-ZIP TAMPA FL 33612  
1.5 TITLE DVS  
1.6 NAME WARMACK, MARY  
1.7 STREET ADDRESS 11140 N. 30TH STREET  
1.8 CITY-ST-ZIP TAMPA FL 33612  
1.9 TITLE  
1.10 NAME  
1.11 STREET ADDRESS  
1.12 CITY-ST-ZIP  
1.13 TITLE  
1.14 NAME  
1.15 STREET ADDRESS  
1.16 CITY-ST-ZIP  
1.17 TITLE  
1.18 NAME  
1.19 STREET ADDRESS  
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
2.5 TITLE  
2.6 NAME  
2.7 STREET ADDRESS  
2.8 CITY-ST-ZIP  
2.9 TITLE  
2.10 NAME  
2.11 STREET ADDRESS  
2.12 CITY-ST-ZIP  
2.13 TITLE  
2.14 NAME  
2.15 STREET ADDRESS  
2.16 CITY-ST-ZIP  
2.17 TITLE  
2.18 NAME  
2.19 STREET ADDRESS  
2.20 CITY-ST-ZIP

14. I hereby certify 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 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 if changed, or on an attachment with an address.