

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 18 PM 4:39****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # F53892****(8)**

1. Corporation Name

BLOSSOM SHOPPE FLORIST & GIFTS, INC.

Principal Place of Business

Mailing Address

**13161 N. CLEVELAND AVE
13389 JOURNEY END S.E.
N. FT. MYERS FL 33903
US****C/O MARVIN HILDEBRANT
13389 JOURNEY END S.E.
FT. MYERS FL 33905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2158785

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILDEBRANT, MARVIN
13389 JOURNEYS END S.E.
FT. MYERS FL 33905**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL**85**

Zip Code

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:

Signature typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent Signature required when mandatory.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**SD
HILDEBRANT, MARVIN
13389 JOURNEYS END S.E.
FT MYERS, FL 00000**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PVT
HILDEBRANT, MARVIN
13389 JOURNEYS END S.E.
FT MYERS, FL 00000**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN D. HILDEBRANT**4-11-95 (813) 656-4242**

(Date)

(Telephone Number)