

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F56698** (6)

1. Corporation Name  
**FLOWERS & THINGS, INC.**



Principal Place of Business Mailing Address  
**31642 PROGRESS RD  
BOX 490559  
LEESBURG FL 34748  
US**

3. Date Incorporated or Qualified **12/01/1981** 3a. Date of Last Report **04/18/1995**  
4. FEI Number **59-2154013** 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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**SUNDEEN, DWIGHT H  
1708 SOUTH STREET  
LEESBURG FL**

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

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 title (if applicable)

Typed Name of Agent, if different from above

DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **PTD SUNDEEN, DWIGHT H**  
STREET ADDRESS **1708 SOUTH STREET**  
CITY-STATE-ZIP **LEESBURG, FL 00000**  
TITLE  DELETE  
NAME **VSD SUNDEEN, JANELLE D**  
STREET ADDRESS **1708 SOUTH STREET**  
CITY-STATE-ZIP **LEESBURG, FL 00000**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP  
25. TITLE  Change  Addition  
26. NAME  
27. STREET ADDRESS  
28. CITY-STATE-ZIP  
29. TITLE  Change  Addition  
30. NAME  
31. STREET ADDRESS  
32. CITY-STATE-ZIP  
33. TITLE  Change  Addition  
34. NAME  
35. STREET ADDRESS  
36. CITY-STATE-ZIP  
37. TITLE  Change  Addition  
38. NAME  
39. STREET ADDRESS  
40. CITY-STATE-ZIP  
41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP  
45. TITLE  Change  Addition  
46. NAME  
47. STREET ADDRESS  
48. CITY-STATE-ZIP  
49. TITLE  Change  Addition  
50. NAME  
51. STREET ADDRESS  
52. CITY-STATE-ZIP  
53. TITLE  Change  Addition  
54. NAME  
55. STREET ADDRESS  
56. CITY-STATE-ZIP  
57. TITLE  Change  Addition  
58. NAME  
59. STREET ADDRESS  
60. CITY-STATE-ZIP  
61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwight H. Sundeen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 352-787-4444  
DATE DAY

CR2E034 (12/95)