

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G20669** (9)  
1. Corporation Name

**FOLIAGE FARE FLORIST & PLANT SHOP, INC.**



Principal Place of Business Mailing Address  
**C/O LINDA D. COOPER**  
**3722 N. MONROE ST**  
**TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified **01/27/1983** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2252690** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution 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  
22 City & State 27  
23 Zip 28 Country 29  
24 25 29 30

9. Name and Address of Current Registered Agent  
**COOPER, LINDA D.**  
**620 E COLLEGE AVE.**  
**TALLAHASSEE FL 32301**

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 tax, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD
NAME	COOPER, LINDA D.
STREET ADDRESS	620 E COLLEGE AVE.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP ☐ Change ☐ Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP ☐ Change ☐ Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP ☐ Change ☐ Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP ☐ Change ☐ Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP ☐ Change ☐ Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda D. Cooper Pres*

8/1/96

(904) 562-2223