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FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G87488** (4)

1. Corporation Name
KUHN FLOWERS, INC.

Principal Place of Business

**3802 BEACH BLVD
JACKSONVILLE FL 32207
US**

Mailing Address

**PO BOX 4248
JACKSONVILLE FL 32201-4248
US**



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

30

9. Name and Address of Current Registered Agent

**JONES, RAYMOND A
9701 NE 13TH AVE
MIAMI FL 33138**

3. Date Incorporated or Qualified

01/10/1984

3a. Date of Last Report

02/01/1996

4. FEI Number

59-2365903

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

10. Name and Address of New Registered Agent

81 Name

JONES, RAYMOND A

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

2501 N FEDERAL HIGHWAY

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33305

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CUTTING, WILLIAM**
STREET ADDRESS **1505 HALLIDAY LANE S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **JONES, BONNIE**
STREET ADDRESS **5815 RAVENSWOOD RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **ST** ☐ DELETE
NAME **JONES, RAYMOND**
STREET ADDRESS **5815 RAVENSWOOD RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **CUTTING, WILLIAM**
1.3 STREET ADDRESS **3802 BEACH BOULEVARD**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32207**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **JONES, BONNIE**
2.3 STREET ADDRESS **2501 N FEDERAL HIGHWAY**
2.4 CITY-ST-ZIP **FT LAUDERDALE FL 33305**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **JONES, RAYMOND**
3.3 STREET ADDRESS **2501 N FEDERAL HIGHWAY**
3.4 CITY-ST-ZIP **FT LAUDERDALE FL 33305**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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.

SIGNATURE:

William Cutting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)