FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20982

(5)

| ORANG | GE PARK FLORIST, INC. | | | | | |
|---|---|---|---|--|---|--|
| Principal Plac | e of Business | Mailing Address | | T 1881BUL BULD HOUR ONLY BULD HAVE BURD THE | #### BIBIE BIBE! BIBIE BIBIE #### | |
| 1968 PARK AVENUE C/O DAVID A. KING. ATTY. ORANGE PARK FL 32073 1416 KINGSLEY AVE. US ORANGE PARK FL 32073 | | | | DO NOT WRITE IN TH | S SPACE | |
| | | | | 3. Date Incorporated or Qualified | | |
| 6 600000000 | N | | | 09/14/1984 | | |
| 1 | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | 59-2492556 | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | e | City & State | | Election Campaign Financing | \$5.00 May Be | |
| 23 Zip | Country | 28 | Country | Trust Fund Contribution | Added to Fees | |
| 24 | 25 | 29 | Country | 8. This corporation owes or has paid the o | | |
| 24 | 9. Name and Address of Curre | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registere | Yes No | |
| KIN | NG, DAVID A. | | B1 Name | 10. Tanno and Address of Hote Hogistele | 4 rigorit | |
| ATTOONIEV AT LAW | | | | | | |
| 1416 KINGSLEY AVENUE | | | 82 Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | |
| ORANGE PARK FL 32073 | | | 83 | | | |
| • | | | 24 0 | | | |
| | | | 84 City | F | 85 Zip Code | |
| 11. Pursuant office or ragent. La | to the provisions of Sections 607.05 registered agent, or both, in the Stat m familiar with, and accept the oblig | 02 and 607.1508, Florida State of Florida Such change was gations of, Section 607.0505, | utes, the above-named co s authorized by the corpor Florida Statutes. | rporation submits this statement for the purpose ation's board of directors. I hereby accept the a | of changing its registered ppointment as registered | |
| SIGNATURE | | | | | | |
| 40 | Signature, typed or pricted name of registered ag | | OTE: Registered Agent signature req | | | |
| TITLE | DPS OFFICERS AF | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 Change Addition | |
| NAME | KENT, LINDA C. | | 1.2 NAME | | L Change L Accinion | |
| STREET ADDRESS | 1968 PARK AVENUE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | 0.04.100.114.11.10 | DELETE | 2.1 TITLE | DVP | Change Addition | |
| NAME | | — | 2.2 NAME | | _ · - | |
| STREET ADDRESS | • | | 2.3 STREET ADDRESS | Chambliss, Tonya Lynr | 1 | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | 1968 Park Avenue Orange Park, FL | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELET E | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | 1000024372 -02/23/98010040 | 21 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | 136 | |
| CITY-ST-ZIP | | ————————————————————————————————————— | 5.4 CITY- ST- ZIP | ***8.75 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | imanapapp | Change Addition | |
| NAME | | | 6.2 NAME | 1000024372 -02/23/98010040 | ا مال مار | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 04743730 01004****\ | 1211 | |

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 or an attachment with an address.

DIOMATURE Y

9108

904-1616 C1015

FILED

Feb 19 1998 8:00am

Secretary of State