

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H32494 (7)

1. Corporation Name
SILK FLORALS UNLIMITED INCORPORATED

Principal Place of Business

250 CENTER CT.,STE.E
VENICE FL 34292

Mailing Address

250 CENTER CT.,STE.E
VENICE FL 34292-3503



3. Date Incorporated or Qualified
12/04/1984

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2472521

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PRICE, ROXIE W.
250 CENTER COURT
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name SCOTT Simmons
82 Street Address (P.O. Box Number is Not Acceptable)
250 Center CT
83
84 City Venice FL 85 Zip Code 34292

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

Scott A. Simmons

(NOTE: Registered Agent signature required when reinstating)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, ROXIE W.	
STREET ADDRESS	219 PRINCESS AVENUE	
CITY- ST- ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMMONS, SCOTT A.	
STREET ADDRESS	1223 BAYSHORE RD	
CITY- ST- ZIP	NOKOMIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, NANCY L.	
STREET ADDRESS	219 PRINCESS AVENUE	
CITY- ST- ZIP	NOKOMIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIMMONS, PAMELA J.	
STREET ADDRESS	1223 BAYSHORE RD	
CITY- ST- ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	SCOTT A. Simmons
2.4 CITY- ST- ZIP	1223 Bayshore Rd. Nokomis FL 34275
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice-President
4.3 STREET ADDRESS	Pamela J. Simmons
4.4 CITY- ST- ZIP	1223 Bayshore Rd. Nokomis FL 34275
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela J. Simmons* PAMELA J. Simmons 4-25-97 941 497-5068

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)