

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

FILED  
May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **H34865** (6)  
1. Corporation Name  
**HAWKINS FLOWER FARMS, INC.**



Principal Place of Business <b>17060 EAST LAKE DR. P O BOX 750 FT. MYERS FL 33902</b>	Mailing Address <b>17060 EAST LAKE DR. P O BOX 750 FT. MYERS FL 33902-0750</b>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1984</b>	3a. Date of Last Report <b>04/23/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2490162</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PAVESE, FRANK A. 1833 HENDRY ST. FT. MYERS FL</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PD HAWKINS, GEORGE T JR.</b>		1.2 NAME		
STREET ADDRESS	<b>17060 EAST LAKE DRIVE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>		1.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SY HAWKINS, ROBIN S.</b>		2.2 NAME		
STREET ADDRESS	<b>17060 EAST LAKE DRIVE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>		2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	<b>D G. T. Hawkins</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b><del>P O BOX 750</del> 1592 CUMBERLAND COURT</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>FORT MYERS FL <del>33902</del> 33919</b>	
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **1-24-97** **4-17-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)