

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H46526 (0)

1. Corporation Name

FREELANCE FLOWERS, INCORPORATED



Principal Place of Business

Mailing Address

201-1ST STREET, N.E.
ST. PETERSBURG FL 33701
US

201-1ST STREET N.E.
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2645650

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

CURTIS, JANICE F
115-62ND AVE. S.
1530 9TH ST. N., STE B
ST. PETERSBURG FL 33705

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director (if applicable)

Signature typed or printed name of registered agent or director (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNS, PENELOPE J
STREET ADDRESS 636 18TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE TDSD
NAME CURTIS, JANICE F
STREET ADDRESS 115-62ND AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME ROBERTSON, DANNY KAY
13 STREET ADDRESS 201 1st Street NE
14 CITY-ST-ZIP St Petersburg FLA, 33701

21 TITLE TDSD ☒ Change ☐ Addition
22 NAME ROGERS, EDWARD L.
23 STREET ADDRESS 201 1st Street NE
24 CITY-ST-ZIP St Petersburg, FLA 33701

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

61 TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)