

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H78536** (0)

1. Corporation Name

ABERCROMBIE FLOWERS AND GIFTS, INC.

Principal Place of Business

**1604 DUNDEE RD
WINTER HAVEN FL 33884**

Mailing Address

**1604 DUNDEE RD
WINTER HAVEN FL 33884-1015**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **29** **30**

9. Name and Address of Current Registered Agent

**ABERCROMBIE, JUANITA D.
3800 COUNTRY CLUB RD
WINTER HAVEN FL**

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 607.0505, Florida Statutes.

SIGNATURE

Signature type: For profit (Name of registered agent and box if applicable)

(Not for profit Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **D** ☐ DELETE

NAME **ABERCROMBIE, DALLAS F.**

STREET ADDRESS **3800 COUNTRY CLUB RD**

CITY- ST- ZIP **WINTER HAVEN FL**

1.2 TITLE **PD** ☐ DELETE

NAME **ABERCROMBIE, JUANITA D.**

STREET ADDRESS **3800 COUNTRY CLUB RD**

CITY- ST- ZIP **WINTER HAVEN FL**

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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)(j), 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: *Juanita D. Abercrombie*

FILED
Jul 07 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

10/01/1985

3a. Date of Last Report

04/23/1996

4. FIC Number

59-2614654

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

CR2E034 (9/96)

6-30-97 941-293-1752