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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H78536

(0)

ABERCRÓMBIE FLOWERS AND GIFTS, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		a indenti atte inna tuelt atten titte gire niffit i	timis mides mimt! Mihis Memti (da)
1604 DUNDER		1604 DUNDEE RD			
WINTER HAVI	EN FL 33884	WINTER HAVEN FL 33884	<b>,</b>	DO NOT WRITE IN TH	HS SPACE
				3. Date Incorporated or Qualified	
				10/01/1985	
2. Principal F	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2614654	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ө	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	X Yes 🔲 No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
AB	er <b>c</b> rombie, Juanita D.		81 Name		
3800 <b>CO</b> UNTRY CLUB RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
WI	NTER HAVEN FL		99		
			83		
			84 City	<u> </u>	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ages		Registered Agent signature requi	ed when reinstaling) DAT ADDITIONS/CHANGES TO OFFICERS /	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	<b>AB</b> ERCROMBIE, DALLAS F.		1.2 NAME		
STREET ADDRESS	3800 COUNTRY CLUB RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1,4 CiTY-ST-ZiP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	ABERCROMBIE, JUANITA D.		2.2 NAME		
STREET ADDRESS	3800 COUNTRY CLUB RD		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER HAVEN FL	DELETE	2.4 CITY-ST-ZIP 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		·····
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 phanged, or on an attachment with an address.

SIGNATURE:

(94) 19.3 – 1752

6.3 STREET ADDRESS