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 # **J26005** **(5)**

1. Corporation Name

HIDDEN HILLS FLORAL DESIGNS, INC.

Principal Place of Business	Mailing Address
2771-17 MONUMENT RD **JACKSONVILLE FL 32225**	**2771-17 MONUMENT RD** **JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified: **07/25/1986**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: County — 30:

4. FEI Number: **59-2707853** ☐ 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

9. Name and Address of Current Registered Agent

MOSS, GENE T.
337 E. BAY ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required if changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	BISPLINGHOFF, D. M., JR.		1.2 NAME		
STREET ADDRESS	11589 MCCORMICK ROAD		1.3 STREET ADDRESS	1122 Carlotta Rd W.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY ST ZIP	Jax FL 32211	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BISPLINGHOFF, D.M.		2.2 NAME		
STREET ADDRESS	7258 TRAILS END		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY ST ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BISPLINGHOFF, ALEXIS		3.2 NAME		
STREET ADDRESS	2771-13 MONUMENT RD.		3.3 STREET ADDRESS	1122 Carlotta Rd W	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY ST ZIP	Jax FL 32211	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACCURRACH, CAROL		4.2 NAME		
STREET ADDRESS	11231 PORTSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

CR2E034 (12/95)

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)(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: D. M. Bisplinghoff Jr. 4/24/96 904-724-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #