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
2771-17 MONUMENT RD
JACKSONVILLE FL 32225

Mailing Address
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 Country 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: Signature, typed or printed name of registered agent or title of applicant (NOTE: Registered Agent signature required if name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	BISPLINGHOFF, D. M., JR.	
STREET ADDRESS	11589 MCCORMICK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	BISPLINGHOFF, D.M.	
STREET ADDRESS	7258 TRAILS END	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BISPLINGHOFF, ALEXIS	
STREET ADDRESS	2771-13 MONUMENT RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	MACCURRACH, CAROL	
STREET ADDRESS	11231 PORTSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	1122 Carlotta Rd W.	
1.4 CITY-ST-ZIP	JAX FL 32211	
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	1122 Carlotta Rd W	
3.4 CITY-ST-ZIP	JAX FL 32211	
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 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: D.M. Bisplinghoff Jr. 4/24/96 904-724-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)