

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 # J62473 (0)

1. Corporation Name

FRESH APPROACH FLORAL DISTRIBUTORS, INC.



Principal Place of Business

8312 N. SAULRAY ST.
TAMPA FL 33604

Mailing Address

8312 N. SAULRAY ST.
TAMPA FL 33604

3. Date Incorporated or Qualified
03/13/1987

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

21 5610 N. Armenia Ave.

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33603

Country

25 Hillsborough

2a. Mailing Address

26 5610 N. Armenia Ave.

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33603

Country

30 Hillsborough

4. FEI Number

59-2786842

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

MARTINEZ, PATRICIA T.
2805 W. BROAD ST.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name Martinez Patricia T.

82 Street Address (P.O. Box Number is Not Acceptable)
4736 Mitchell Rd.

83

84 City Land O Lakes FL

85

Zip Code 34639

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 the Approver

NOTE: Registered Agent signature required when record is filed

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MARTINEZ, PATRICIA T.
STREET ADDRESS 2805 W. BROAD ST.
CITY-ST-ZIP TAMPA FL

TITLE DST ☐ DELETE

NAME NELSON, JUNE A.
STREET ADDRESS 2805 W BROAD ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4736 Mitchell Rd.
Land O Lakes FL 34639

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4736 Mitchell Rd.
Land-O-Lakes FL 34639

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 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 or changed, or on an attachment with an address.

SIGNATURE: Patricia T. Martinez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (813) 870-6611
DATE Telephone #

CR2E034 (12/95)