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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12735

(2)

ACCENTS BY KELLYCO FLOWERS &

		\— <i>\</i>	7
k	GIFTS.	INC.	

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				* 19414111 657 71676 17877 19463 19141 4		*****			
615 SCENIC HWY 615 SCENIC HWY											
PENSACOLA FL 32503		PENSACOLA FL 32503			DO NOT WRITE IN THIS SPACE						
					<u> </u>	DO NOT WRITE B. Date Incorporated or Qualified	E IN THIS S	PACE			
					"	02/01/1988					
2. Principal Place of Busines	ss I:	2a. Mailing Address			- 4	L. FEI Number]]	pplied For		
21	2	·¬				59-2873681			ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·······						Additional		
22	2	¬ '			6	. Certificate of Status Desired			equired		
City & State		City & State			- 6	. Election Campaign Financing			May Be		
23	2	8				Trust Fund Contribution			to Fees		
Zip	Country	Zip	Country		8	. This corporation owes or has p	aid the curr	ent year Ini	tangible		
24 25			0			Personal Property Tax due June] No		
	nd Address of Current Re	gistered Agent). Name and Address of New Ro	gistered A	gent			
KELLY, DONALD			81	Name	•						
615 SCENIC HV			82	Street	t Address (P.O. Box Number is Not Accepta	ble)				
PENSACOLA FL	. 32503										
			83								
			84	City				85 Zip	Code		
44 (0.00.00)	007.0500	1007 4500 51 11 61 11					<u>FL</u>				
office or registered ager agent. I am familiar with,	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 and	title if applicable (NOTE	Registered Age	nt signature	re required whe	en reinsleting)	DATE				
12.	OFFICERS AND DIE		13.		·····	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12		
TITLE D		DELETE	1.1 TITLE					Change	Addition		
NAME KELLY, DO			1.2 NAME								
STREET ADDRESS 118 BAYO			1.3 STREET	ADDRESS							
CITY-ST-ZIP PENSACO	LA FL		1.4 CITY-S	T-ZIP	.i						
TITLE D		DELETE	21 TITLE					Change	Addition		
NAME KELLY, MA			2.2 NAME						. 1		
STREET ADDRESS 118 BAYO			2.3 STREET	ADDRESS							
CITY-ST-ZIP PENSACO	LA FL		2. 4 C(TY+5	T-ZIP							
TITLE		☐ DELETE	3.1 TITLE					Change	Addition		
NAME			3.2 NAME						1		
STREET ADDRESS			3.3 STREET	address					Į		
CITY-ST-ZIP			3.4. CITY - S	T-ZIP	ļ						
TITLE		L_J DELETE	4.1 TITLE					Change	☐ Addition		
NAME			4, 2 NAME								
STREET ADDRESS			4.3 STREET								
CITY-ST-ZIP		DELETE	4.4 CITY-S	r-ZIP	ļ			01	A data		
TITLE		[] bitter	5.1 TITLE					Change	☐ Addition		
NAME CARECT ARCONCO			5.2 NAME]		
STREET ADDRESS			5.3 STREET						[
CITY-S1-11P		DELETE	5.4 CITY-S	I - ZIP	 		1	Change	Addition		
NAME		☐ btft.it	6.1 TITLE						F"1 Vanition		
STREET ADDRESS			6.2 NAME	LDDDC0C	1				İ		
CITY-ST-ZIV			6.3 STREET						į		
	nformation supplied with the	s filing does not qualify for	64 CITY-S	ion state	I ed in Secti	ion 119.07(3)(i), Florida Statutes. I	further cer	tify that the	information		

ate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in