

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K33885** (0)

1. Corporation Name

OLD TOWN FLOWER SHOP OF BROOKSVILLE, INC.



Principal Place of Business

Mailing Address

C/O MARY E. EHLERS
11 SOUTH BROAD ST.
BROOKSVILLE FL 34601

C/O MARY E. EHLERS
11 SOUTH BROAD ST.
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

08/04/1995

4. FEI Number

59-2913157

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

2. Principal Place of Business

2a. Mailing Address

21 **11 S. BROAD ST**

26 **11 S. BROAD ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **BROOKSVILLE FL**

28 **BROOKSVILLE, FL**

24 **34601**

Country

29 **34601**

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EHLERS, MARY E.
11 SOUTH BROAD STREET
BROOKSVILLE FL 34601**

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 and title, if applicable

(If Title Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
EHLERS, MARY E.
11 SOUTH BROAD ST.
BROOKSVILLE FL**

☐ DELETE

**D
WHITE, BARBARA
29094 RAGAU DR
BROOKSVILLE FL**

☐ DELETE

**D
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29094 RAGAU DR
BROOKSVILLE FL**

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29094 RAGAU DR
BROOKSVILLE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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30.1 TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E. EHLERS

4/9/96 352-946-9510

CR2E034 (12/95)