

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JUDITH B. WILKINSON
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 9:16

DOCUMENT # **K48421** (7)

1. Name of Corporation
TOWNWAY FLOWER SHOP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **156 E GRANADA BLVD
ORMOND BEACH FL 32176-6536
US**

Mailing Address: **156 E GRANADA BLVD
ORMOND BEACH FL 32176-6536
US**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Last Report 12/01/1988	3a. Date of Last Report 04/28/1994
4. FIC Number 59-2927946	Applied For Not Applicable
5. Certificate of Status Due Date ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has failed to file its report for the year ending 1994. Money: ☒ Yes ☐ No	

2. Principal Office Address 21	2a. Mailing Address 26
2b. City, State, Zip 22	2c. City, State, Zip 27
2d. City, State, Zip 23	2e. City, State, Zip 28
2f. City, State, Zip 24	2g. City, State, Zip 29
2h. City, State, Zip 25	2i. City, State, Zip 30

9. Name and Address of Current Registered Agent
**BARNHART KIM M
156 E GRANADA BLVD
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent
81. Name
82. Street Address, P.O. Box Number, Apt. Address
83.
84. City, State, Zip
85. Zip Code

11. The undersigned hereby certifies that the information furnished in this report is true and correct, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 607, regarding the filing of this report. If the corporation has failed to file its report for the year ending 1994, the undersigned hereby certifies that the corporation has failed to file its report for the year ending 1994.

DRAWING: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D BARNHART, RUSSELL B. 1317 N HALIFAX DR. DAYTONA BCH FL	1. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: D BARNHART, KIM M. 1317 N. HALIFAX DR. DAYTONA BCH FL	2. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	3. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	4. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	5. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	6. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	7. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	8. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	9. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	10. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	11. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	12. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	13. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	14. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	15. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	16. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	17. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	18. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	19. NAME: ☐ OFFICER ☐ DIRECTOR
NAME: _____	20. NAME: ☐ OFFICER ☐ DIRECTOR

14. I, the undersigned, hereby certify that the information furnished in this report is true and correct, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 607, regarding the filing of this report. If the corporation has failed to file its report for the year ending 1994, the undersigned hereby certifies that the corporation has failed to file its report for the year ending 1994.

SIGNATURE: **Kim M. Barnhart** **Kim M. Barnhart** **4-27-95** **904-617-2191**