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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	1996	DIVISION OF	CORPORATIONS			
DOCUN	MENT # K683	315 (6)				
	EVIEW FLORIST, INC.					
DELLI	LVILVI (COMOT, MO.			1	i de dull dien dien bien die	H BURN BERN IBR
Principal Place	•	Mailing Address		415		
10693 SE 5 PO BOX 69		10693 SE 58TH AVE P.O. BOX 698				
BELLEVIEW		BELLEVIEW FL 34421				
U\$		US		3. Date Incorporated or Qualified 02/24/1989	3a. Date of Last R 04/14/19	•
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		59-2920919	├ ~~ ├ ~	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 7	Additional
2		27			- Fee	Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		D May Be d to Fees
Zip	Country	Zip	Country	This corporation has liability for it		
4	25	29	30		□ No	100.002
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	legistered Agent	
			81 Name			
	TNEY, VIRGINIA C.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
	SE 58TH AVE.		83			
DELLE	VIEW FL 32620					
44 0	the	00	84 City			Code
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, S_{ϵ}	orida. Such change was authorize oction 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	PL pose of changing its r pintment as registered	egistered office
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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:

WALLE VIGITIE

SIGNATURE:

SIGNATURE

SIGNATURE