

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 11 09

DOCUMENT # **K94235 (4)**

1. Corporation Name

B & P BLOOMIN' SILKS & FLORAL SUPPLY, INC.

Principal Place of Business

Mailing Address

% BOBBY E. WILLIAMS
941 WAGNER PLACE
FT. PIERCE FL 34982

% BOBBY E. WILLIAMS
941 WAGNER PLACE
FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1989** 3a. Date of Last Report **05/17/1994**

2. Principal Place of Business
21 **1001 W. Midway Rd**
Suite, Apt #, etc.
22
City & State
23 **St. Pierre, FL**
24 **34982** 25 **St. Lucie**
26 **1001 W. Midway Rd**
Suite, Apt #, etc.
27
City & State
28 **St. Pierre, FL**
29 **34982** 30 **St. Lucie**

4. FEI Number **65-0158506** 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, BOBBY E.
941 WAGNER PLACE
FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent
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 _____ DATE _____
(Signature) (Typed or printed name of registered agent and title if applicable) (Typed) (Registered Agent signature required when transferring) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVELL, PAMELA W.	1.2 NAME	
STREET ADDRESS	706 BRACK ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BOBBY E.	2.2 NAME	
STREET ADDRESS	19270 GLADES CUT OFF RD	2.3 STREET ADDRESS	
CITY ST ZIP	PORT ST. LUCIE FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DORIS H	3.2 NAME	
STREET ADDRESS	19270 GLADES CUT OFF	3.3 STREET ADDRESS	
CITY ST ZIP	FT PIERCE FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORVILLE, CHARLES L JR	4.2 NAME	NORVELL, CHARLES L. JR
STREET ADDRESS	706 BRACK RD	4.3 STREET ADDRESS	
CITY ST ZIP	FT PIERCE FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(b), 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: Pamela W. Norvell Pamela W. Norvell 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
407465-5644
0383374 CP