

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L85199** (2)
1. Corporation Name
FLORICO FOLIAGE CORP.

Principal Place of Business Mailing Address
**888 E. KEENE ROAD
SUITE 885
APOPKA FL 32703
US**
**P.O. BOX 880
SUITE 885
APOPKA FL 32704-0880
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
07/05/1990 **05/01/1996**
4. FEI Number Applied For
59-3019864 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

9. Name and Address of Current Registered Agent

**MARKS, ROBERT O.
200 E. ROBINSON STREET, SUITE 885
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MCCOMAS, HUGH G	
STREET ADDRESS	503 CERRA ST	
CITY-ST-ZIP	SANTRUCE PR	
TITLE	VP	DELETE
NAME	MCCOMAS, JOHN M	
STREET ADDRESS	GARDEN HILLS BLUEHILLS	
CITY-ST-ZIP	QUAYNABO PR	
TITLE	S	DELETE
NAME	MCCOMAS, HILDA M.	
STREET ADDRESS	503 CENNA ST.	
CITY-ST-ZIP	SANTRUCE P.	
TITLE	C	DELETE
NAME	BERRIOS, GIL JR	
STREET ADDRESS	1390 SHEELER RD	
CITY-ST-ZIP	APOPKA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Change	Addition
1.2 NAME	McComas, James		
1.3 STREET ADDRESS	126 Ridgewood Drive		
1.4 CITY-ST-ZIP	Longwood, Florida 32779		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James McComas, Jr.* 2/28/97 407-886-5004

CR2E034 (9/96)