FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # **N44541** **(3)**

1. Corporation Name
WEST COAST FLORIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5904 7TH ST. ZEPHYRHILLS FL 33540	5904 7TH ST. ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3131086 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HYDER, BETTY
5904 7TH ST.
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: JUDY LUDWIG
82 Street Address (P.O. Box Number is Not Acceptable): 2083 MONTANA AVE NE
83:
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33703

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: J.A. Ludwig JUDY A. LUDWIG TREASURER 5-23-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D-PRESIDENT	☒ Change ☐ Addition
NAME	HARRIS, BILL D	1.2 NAME	ARNOLD, ROBYN	
STREET ADDRESS	435 FIRST ST. S.	1.3 STREET ADDRESS	5904 4th STREET (M)	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540	
TITLE	VP	2.1 TITLE	D-VP	☒ Change ☐ Addition
NAME	ARNOLD, ROBYN	2.2 NAME	FLOOD, TERRI	
STREET ADDRESS	5904 7TH STREET	2.3 STREET ADDRESS	4245 HENDERSON BLVD (M)	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	2.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	RS	3.1 TITLE	D-RS	☐ Change ☐ Addition
NAME	STARR, DON	3.2 NAME	STARR, DON	
STREET ADDRESS	2730 W. COLUMBUS DRIVE	3.3 STREET ADDRESS	2730 W Columbus Drive (M)	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CS	4.1 TITLE	D-CS	☒ Change ☐ Addition
NAME	FLOOD, TERRI	4.2 NAME	HARRIS, SUE	
STREET ADDRESS	5424 MAIN ST.	4.3 STREET ADDRESS	435 FIRST STREET SOUTH (M)	
CITY-ST-ZIP	NEW PT. RICHEY FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33880	
TITLE	T	5.1 TITLE	D-T	☒ Change ☐ Addition
NAME	HYDER, BETTY J.	5.2 NAME	LUDWIG, JUDY	
STREET ADDRESS	5904 7TH STREET	5.3 STREET ADDRESS	2083 MONTANA AVE NE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	REWRITTEN BY MAY 1	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.A. Ludwig TREASURER 4-27-95 (813) 522-3174
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUDY A. LUDWIG

0062337