FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000062456 (7)**

1. Corporation Name

FT. WALTON BEACH FLORAL DESIGN, INC.

Principal Place of Business

527 N EGLIN PKWY
FT WALTON BEACH FL 32547

Mailing Address

105 MORIARITY ST
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: **09/07/1993**

3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: | Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: | Country — 30:

4. FEI Number: **59-3197591** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, JOHN P
105 MORIARITY ST
FT WALTON BEACH FL 32548

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 607.1505, 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, VICKEY E		1 NAME	
STREET ADDRESS	105 MORIARITY ST		1 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		1 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN P		2 NAME	
STREET ADDRESS	105 MORIARITY ST		2 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		2 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, DON A		3 NAME	
STREET ADDRESS	105 MORIARITY ST		3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		3 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, JAMES N		4 NAME	
STREET ADDRESS	105 MORIARITY ST		4 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above with an address.

SIGNATURE: John P. Williams JOHN P. WILLIAMS 3-15-96 (904) 862-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #