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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083527 (0)

ANDREW'S FLOWER SERVICE, INC.

Principal Place of Business	Mailing Address	
6101 FOURTH STREET NORTH ST. PETERSBURG FL 33703	6101 FOURTH STREET NORTH ST. PETERSBURG FL 33703	

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/29/1993 Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-3222065 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MICHAELS, BLANCA L 6135 TANGLEWOOD DRIVE N.E. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33703 83 84 City 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 regulred when reinstating OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition TITLE MICHAELS, BLANCA L 12 NAME NAME 6135 TANGLEWOOD DRIVE N.E. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE MICHAELS, ANDREW N NAME 2.2 NAME 6135 TANGLEWOOD DRIVE N.E. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33703 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

lorida Statutes. I further certity that I am a legal effect as if made under oath; that I am a legal effect as if made under o 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

BLANCA

Chael

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

CR2E034 (10/97

Addition

Addition

Change

Change