SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009352 (3)**

1. Corporate Name
FLOWERS OF INVERNESS, INC.

Principal Place of Business
110 N PINE STREET
INVERNESS FL 33450

Mailing Address
110 N PINE STREET
INVERNESS FL 33450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1994**
3a. Date of Last Report:

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

4. FEI Number: **59-3224558** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electronic Campaign Financing Filer Limit Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has elected to be governed by Section 607.0505 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GISH, RICHARD D
1125 STERLING ROAD SUITE 4
INVERSNESS FL 33450

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 Section 607.0505, 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 is 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMSTRONG, FLORINE
STREET ADDRESS	5685 E SHADY ACRE DRIVE
CITY, ST, ZIP	INVERNESS FL 33453
TITLE	STD
NAME	ARMSTRONG, ROBERT
STREET ADDRESS	5685 E SHADY ACRE DRIVE
CITY, ST, ZIP	INVERNESS FL 33453

13. ADDITIONAL OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report, if applicable, filed pursuant to Section 607.0505, Florida Statutes, and that, for the purposes of Section 607.0509, Florida Statutes, I further certify that the information supplied on the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, added, or deleted) with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 1995
DATE

CR2E034 (3/95)

011M01 CP