

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 # P94000040436 (5)

1. Corporation Name

SANTA ROSA FLORIST AND GIFTS, INC.



Principal Place of Business

5091 HWY 90
MILTON FL 32571
US

Mailing Address

5091 HWY 90
MILTON FL 32571
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

9. Name and Address of Current Registered Agent

CAMERON, MAE
5091 HWY 90
MILTON FL 32570

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3293864

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

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent Signature is required. If not, then delete.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAMERON, MAE W

STREET ADDRESS 5091 HWY 9

CITY-STATE-ZIP MILTON FL

TITLE ☐ DELETE

NAME CAMERON, JACKIE R

STREET ADDRESS 3505 WEST ATLANTIC BLVD. #908

CITY-STATE-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME CAMERON, VARED T

STREET ADDRESS 8180 SCENIC HWY

CITY-STATE-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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)(k), 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:

Mae W. Cameron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96
DAY

904-994-5381
TELEPHONE #

CR2E034 (12/95)