## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # P94000040436 (5)

## SANTA ROSA FLORIST AND GIFTS, INC.

Principal Place of	Business	Mailing Address	Mailing Address		( SEGINES) and added delin danie mater metri mater ander anter denam state metri fam.		
5091 HWY 90 MILTON FL 32571		5091 HWY 90 MILTON FL 32571					
U\$		US			3. Date Incorporated or Qualified	3a. Date of Las	
					05/27/1994	04/18/	
2. Principal Place	e of Business	2a. Mailing Address			4. FET Number	ļ.	Applied For
]		26			59-3293864		Not Applicable
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	iuite, Apt. #, etc.		5. Certificate of Status Desired	11 7-	75 Additional
		27					ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  St.00 May Be Added to Fees		
Ζφ	Country	Zip	Country		8. This corporation has liability for	intangible tax undo No	ers 199.032,
<u></u>	25	29	<u> </u>		Florida Statutes Yes  10. Name and Address of New F		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New I	legistered Agont	
			[8]				
CAMERON, MAE 5091 HWY 90			82	Street Address (F.O. Box Number is Not Acceptable)			
MILTON F			83	]			
	= ===••		84	City		85	Zip Code
			1	,	ration submits this statement for the purel of directors. Therefore account the ann	<b>₽L</b>	L
or registered familiar with, NATHER	d agent, or both, in the State of Flori , and accept the obligations of, Sec	ida. Such change was authoriza dion 607.0505, Florida Statutes.	ed by the corp	9018110"   \$ 1 1 1 1 1	ita or allocavis. Thoroby accept the app	DATE	
SI	g rature, typed or printed name of registered agen			A. Pith O, the deals for	ADDITIONS/CHANGES TO OF		CTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13. 1. 1 3 JLE		Change Additio		
ITLE	P AMERON MAE W		1.2 NAME			<u></u>	
IAME .	CAMERON, MAE W			1 ADDRESS			
STREET ADDRESS	5091 HWY 9		1.3 STACE				
CHTY - ST - ZIP	MILTON FL	[ ] DELETE	2 1 TILLE	21.51.		Cha	nge Addition
IILE	VP	1_1 beccie	2 2 NAME			_	_
VAME	CAMERON, JACKIE R	n #000	2.3 STREET ADDRESS				
STREET ADDRESS	3505 WEST ATLANTIC BLVI	U. #800	2 4 CITY -				
DITY-ST-ZiP TITLE	POMPANO BEACH FL	[] DELETE	3 1 1016			Cha	nge 🔲 Addition
NAME	TS Cameron, Vared T	(_)	3.2 NAME				
	8160 SCENIC HWY			ET ADORESS			
STREET ADDRESS	PENSACOLA FL		3 4 CITY -				
CITY-ST-ZIP THILE	PENSAUOLA I C	☐ DELFIE	4 1 11/15			Cha	inge 🔲 Addition
NAME		<del></del> -	4.2 NAME	1			
STREET ADDRESS			ı	T ADDRESS			
CITY-ST-ZIP			44 CITY			,	
THILE		[] DELETE	5 1 TITLE			∐ Cn.	ange 🔲 Addition
NAME			5.2 NAMI				
STREET ADDRESS			5 3 S1RE	ET ADDRESS			
CiTY - S* - ZIP			5 4 CITY	ST-ZIF			
THUE		DEFE JE	6 1 THL			Cn	ange 🔲 Additio
NAME			6.2 NAM				
STREET ADDRESS			63 STRE	ET ADDRESS			
			6.4 CITY	- S! - ZiF			
14. I do hereby certify that	y certify that the information supplied the information indicated on this an am an officer or director of the corp Block 12 or Block 13 if changed, o	inual report or supplemental and noration or the receiver or truste	nual report is i Be empowere:	es not qualify true and accur if to execute the	for the exemption stated in Soction 11 rate and that my signature shall have th his report as required by Chapter 607,	9.07(3)(k), Florida ( le same legal effec Florida Statutes; a	t as if made undendendendendendendendendendendendenden

4-3-96