

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049297 (2)

1. Corporation Name

THOMAS J. FLOWERS ENTERPRISES, INCORPORATED



Principal Place of Business

Mailing Address

4910 N.W. 18TH CT.
LAUDERHILL FL 33313

4910 N.W. 18TH CT.
FT LAUDERDALE FL 33310-5384
US

2. Principal Place of Business

2a. Mailing Address

21 571 SW 27TH AVE

26 571 SW 27TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33312

25 USA

29 33312

30 USA

9. Name and Address of Current Registered Agent

FLOWERS, THOMAS J
4910 N.W. 18TH CT.
LAUDERHILL FL 33313

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0504913

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

81 Name

FLOWERS, THOMAS J.

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

571 SW 27TH AVENUE

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33312

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

Thomas J. Flowers

8/1/96

Signature of the person who is changing the registered office or registered agent

(NOTE: Registered Agent's signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
FLOWERS, THOMAS J
STREET ADDRESS 4910 N.W. 18TH CT.
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 571 SW 27TH AVENUE
14 CITY-ST-ZIP FORT LAUDERDALE, FL 33312

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas J. Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 954-792-8099