

**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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000051669 (7)**

1. Corporation Name  
**FLORAL CREATIONS, INC.**



Principal Place of Business: **20093 E PENNSYLVANIA AVE SUITE 485 DUNNELLON FL 34432**  
Mailing Address: **20093 E PENNSYLVANIA AVE SUITE 485 DUNNELLON FL 34432**

3. Date Incorporated or Qualified: **07/08/1994**  
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 10760 SE. 126 TERR.**  
Suite, Apt. #, etc: **22**  
City & State: **23 DUNNELLON FL.**  
Zip: **24 34431** Country: **25 USA**

4. FEI Number: **APPLIED FOR 59-3260066**  
Applied For:  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

9. Name and Address of Current Registered Agent: **BRETT, H J  
20093 E PENNSYLVANIA AVE SUITE 485  
DUNNELLON FL 34432**  
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>5838 NW 16 PLACE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>OCALA FL 33482</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TACKETT, BOB G</b>	2.2 NAME	
STREET ADDRESS	<b>406 SW TEAL ROAD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DUNNELLON FL 34431</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TACKETT, IMOGENE M</b>	3.2 NAME	
STREET ADDRESS	<b>406 SW TEAL ROAD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DUNNELLON FL 34431</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

**900001884779**  Change  Addition  
**-07/05/96--01031--021**  
**\*\*\*225.00**

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: *[Signature]* **6-7-96** **352-465-1173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #  
**05/13/96**

CR2E034 (3/96)