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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

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DOCUMENT #

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FORT	INCOC	FLORIST.	INC.
runi		LOUNGIA	1110.

Mahing Address Principal Place of Business 13499 U.S. 41 13499 U.S. 41 SUITE 215 SUITE 215 FORT MYERS FL 33907 3. Date Incorporated or Qualified 01/01/1995 3a. Date of Last Report FORT MYERS FL 33907 Applied For 4. FEI Number 65-053 2a. Mailing Address Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 21 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Zψ Yes No Country Florida Statutes Zip 30 10. Name and Address of New Registered Agent 29 25 24 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KING, KEVIN S 13499 U.S. 41 83 **SUITE 215**

FORT MYERS FL 33907 84 City nt 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

 Pursuant to the provisions of Sections 6 or registered agent, or both, in the Stat familiar with, and accept the obligations 	307,0502 and 607,1508, File e of Florida. Such change v s of, Section 607,0505, Flor	orida Statutes, the aboves authorized by the cida Statutes.	ve-named corporation submit orporation's board of director			
ONATURE		" woll b veloce	A serif Sametano regularet when remoter i	vi	()ATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 comprised care of regions lager tail the day on also SIGNATURE 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.17018 TITLE 1.2 NAME KING, DANIEL NAME 13499 U.S. 41, STE. 215 1.3 STREET ADDRESS STREE ADDRESS FORT MYERS FL 33907 1.4 CITY - ST - ZIP Addition Change CHY-SI-ZIP 2.11916 ☐ DELETE TITLE KING, KEVIN S 22 NAME NAME 13499 U.S. 41, STE. 215 2.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 2 4 CHTY - ST - 7IP Addition Cnange CITY-ST-ZIP ☐ DELETE 3 1 TIFLE TITLE 3.2 NAME 3.3 STREET ADDIRESS STREFT ADDRESS 3.4 CHY+\$1+76 Add tion Change CITY -ST-ZIP DELETE 4.11016 1611 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP 000001829840 Addition CITY - ST - ZIP ☐ DELETE 5 1 TILLE -05/20/96--01056--040 TITLE 5.2 NAME ***200.00 NAME 5.3 STREFT ADDRESS STREET ADDRESS 5.4 CITY - ST. 7(5) ☐ Add-tion Change CITY - ST - ZIF DELETE 6 1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS

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 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 certify that the information indicated on this annual report 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 no an attachment with an address

SIGNATURE:

0329120

CR2E034 (12/95)

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