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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000027739** (8)

LOU'S FLORIST, INC.

Principal Place of Business

7800 BLIND PASS ROAD 7800 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706-1729 ST. PETERSBURG BEACH FL 33706 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 02/09/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3307447 26 Not Applicable Suite: Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No 30 24 29 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name LOVELL, JOHN 7800 BLIND PASS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33706 RR City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type it or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELETE Change ___ Addition 1,1 TITLE THEF LOVELL, GLENN L 1.2 NAME 7800 BLIND PASS ROAD 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG BEACH FL 33706 C/TY - \$1 - 7/P 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE 7/11/5 LOVELL, JOHN NAM(2.2 NAME 7800 BLIND PASS RD. STREET ADDRESS 2.3 STREET ADDRESS ST. PETE BEACH, FL. 33706 CITY - S1 - 216 2.4 CITY - ST - ZIP (OMITTED IN ERROR IN 1996) DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 269 3.4 CITY-ST-ZIP DELETE Change Addition HILF 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ACRORESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amoual 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.

44 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 City-St-Zip

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE

CITY-\$1-7F

STREET ADDRESS

SUBSEL ADDIBLISS

City - St - 7-2

THEF

Table

NAME

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Love// 2-21

2-21-97/813

FILED

Feb 26 1997 8:00am

Secretary of State

1 413 367 info Priorie 1921

Addition

Addition

Change

Change