

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000035453 (6)**

1. Corporation Name
SPRING HILL FLORIST, INC.



Principal Place of Business: **5340 SPRING HILL DRIVE, SPRING HILL FL 34606**
Mailing Address: **5340 SPRING HILL DRIVE, SPRING HILL FL 34606**

3. Date Incorporated or Qualified: **05/01/1995** 3a. Date of Last Report
4. FEI Number: **74-3775128** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**GATES, LEWIS V
5340 SPRING HILL DRIVE
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 _____

Signature (Typed or printed name of registered agent and the applicant)

(If FEI Registered Agent's signature is provided, this is not required)

DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GATES, LEWIS V | |
| STREET ADDRESS | 4321 BISCAYNE DRIVE | |
| CITY-ST-ZIP | SPRING HILL FL 34607 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | GATES, LANA D | |
| STREET ADDRESS | 4321 BISCAYNE DRIVE | |
| CITY-ST-ZIP | SPRING HILL FL 34607 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-----------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Lewis V. Gates | |
| 13 STREET ADDRESS | 9358 Mississippi Run | |
| 14 CITY-ST-ZIP | Spring Hill, FL 34613 | |
| 21 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Lana D. Gates | |
| 23 STREET ADDRESS | 9358 Mississippi Run | |
| 24 CITY-ST-ZIP | Spring Hill, FL 34613 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 352-683-2300
Date Outside Phone #

CR2E034 (12/95)