

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 # P95000051322 (2)

1. Corporation Name

FLOWERS BY LINDA, INC.



Principal Place of Business

1525 SO. DALE MABRY
TAMPA FL 33629

Mailing Address

1525 SO. DALE MABRY
TAMPA FL 33629

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 320643

4. FEI Number

59-3322538

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33679-2643

30

Hillsborough

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REIBER, SAM I
601 EAST TWIGGS STE 2000
TAMPA FL 33602

81

Name

Phyllis Hyden

82

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

12901 Gulf Blvd.

83

Apt. # 405

84

City

Madeira Beach

FL

85

Zip Code

33708-2669

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

Phyllis Hyden

3-1-96

Signature typed or printed name of registered agent at all times of application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HILBERT, BETTY J Eff. 9-16-95
STREET ADDRESS 119 W. BENTRIDGE DRIVE
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☒ DELETE
NAME HYDEN, VIRGINIA Eff. 9-16-95
STREET ADDRESS 4939 DURANT ROAD
CITY-ST-ZIP DOVER FL 33527

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

1.1 TITLE P, T, D ☐ Change ☒ Addition
1.2 NAME Phyllis Hyden Eff. 9-16-95
1.3 STREET ADDRESS 12901 Gulf Blvd. # 405
1.4 CITY-ST-ZIP Madeira Beach, FL 33708-2669

2.1 TITLE V, S, D ☐ Change ☒ Addition
2.2 NAME Bernard V. Hyden, Jr. Eff. 9-16-95
2.3 STREET ADDRESS 12901 Gulf Blvd., #405
2.4 CITY-ST-ZIP Madeira Beach, FL 33708-2669

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Phyllis Hyden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis Hyden, President

3-1-96

DATE

813-393-9440

Daytime Phone

CR2E034 (12/95)