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0494232

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90195 012 ***150.00

DOCUMENT # **P95000058586**

1. Corporation Name
BAYONET POINT FLORIST, INC.



Principal Place of Business
**12007 SNOW BIRD CT
BAYONET POINT FL 34667
US**

Mailing Address
**12007 SNOW BIRD CT
BAYONET POINT FL 34667
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **12007 Snow Bird Ct**

Suite, Apt. #, etc.

22 **Bayonet Point Fla**

23 **34667** Country **U.S.A**

24 **34667** 25 **U.S.A**

2a. Mailing Address

26 **12007 Snow Bird Ct**

Suite, Apt. #, etc.

27 **Bayonet Point, Fla**

28 **34667** Country **U.S.A**

29 **34667** 30 **U.S.A**

3. Date Incorporated or Qualified

07/23/1995

4. FEI Number

59-3325409

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DOMINGUES, SUSAN D
12007 SNOW BIRD CT
BAYONET POINT FL 33567**

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

Susan D. Domingues

Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DOMINGUES, SUSAN D**

STREET ADDRESS **12007 SNOW BIRD CT**

CITY-ST-ZIP **BAYONET POINT FL 33567**

TITLE **VP** ☐ DELETE

NAME **BRAZ, MARY B**

STREET ADDRESS **4383 DIOR RD**

CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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, with a different like empowered.

SIGNATURE:

Susan D. Domingues

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (877) 863-1118

Date

Daytime Phone #

CR2E034 (11/98)