Mar 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058601

1. Corporation Name

FLOWERS BY SQUIRES, INC.

12011211	io of Gadrino, mo.									
Principal Place	e of Business	Mailing Address				ר י מונמי עַ עַייר י ישטויו מסר ר	2011 0.0 121 0.0 211 0.0 21	וויק וקוסם וי	ii ibiib b	111 8 8 11 8 2 11 8 1 8 8 1
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SUITE 102		SUITE 102				50.	OT WRITE IN	TUIC CE	1405	
OCALA FL 34470		OCALA FL 34470				3. Date Incorporated or		I MIS SE	ACE	 -
						08/01/1995	doenea			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			\Box	Applied For
21		26				65-0600640				Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		-	-		esired \(\bar{\pi} \)		\$8.7	-Additional
22		27				5. Certificate of Status D	esireo 🗀		Fee	Required
City & State		City & State				6. Election Campaign F	nancing [\$5.0	0 May Be
23		28				Trust Fund Contributi	on			d to Fees
— Žip —⊣	Country	Zip		untry		8. This corporation owe	•	_	_	ZNo
24	25	29)	30			Personal Property Ta			Yes	NO NO
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address	or New Kegisi	ered Ag	aur	
LEMI	R, FRED C III									
	NE JACKSONVILLE RD			82	Street Addre	ess (P.O. Box Number is No	t Acceptable)			
	TE 102			83						
	ALA FL 34470									
UCA				84	City			FL	85 i Zi	p Code
UCA					,					
44 Dureuant	to the provisions of Sections 607.0	502 and 607.1508. Florida St	tatutes, the	above-	-named come	oration submits this stateme	nt for the purpo	se of cha	anging .	its registered
44 Dureuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida St te of Florida, Such change we	tatutes, the	above	-named come	oration submits this stateme on's board of directors. I here	nt for the purpo by accept the	se of cha	anging .	its registered registered
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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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _3

CITY-ST-ZIP