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

PROFIT CORPORATION ANNUAL REPORT



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

1006

ļ	1330	DIVIS	SION OF CONFOR	TATIONS				
DOCU	MENT # P9500	0058713	ر (5)					
1. Corporatio	n Name DORIAN FLOWER EXPRESS	S. INC.	` '					
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Principa! Place	e of Business	Mailing Address						
2725 HANSE		2725 HANSEN						
FT. MYERS FL 33901 FT. MYERS FL 33901								
					3. Date incorporated or 0 07/28/1995	Jualified	3a. Date of Las	t Report
F 1	lace of Business	2a. Mailing Addri	ess		4. FEI Number	ـــــــــــــــــــــــــــــــــــــ		Applied For
Suite, Apt.	# ata	Suito Apt #	-10		65-06-	1648		Not Applicable
22	#, etc.	Suite, Apt. #,	, etc.		5. Certificate of Status De	sired		75 Additional se Required
Cut., 9 Ctart	е	City & State			6. Election Campaign Fina		_ \$5	.00 May Be
[23]	T Combination	28			Trust Fund Contribution		□ Ad	Ided to Fees
Ζφ 24	[-···]		30 Ca	untry	 This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No 			
	9. Name and Address of Currer		30	Т	10. Name and Address of			
				81 Name		-		
	ZIPPERER, JOHN O JR. 2725 HANSEN ST.				ddress (P.O. Box Number is Not A	Acceptable)	1	
	ansen 51. ERS FL 33901			83			·	
J J. 1711 E	FI. MILEO PL 33501							
				84 City			B5 B5	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florid	a Statutes, the ab-	ove-named corr	poration submits this statement to	v the purpo	PL	te registered office
	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect			corporation's b	oard of directors. I hereby accept	the appoin	ntment as register	red agent. I am
SIGNATURE .								
12.	Signature, typical or princed matter of registered agent			d Agent signature req	wired when reinstating!		DATE	
TITLE	- D	ID DIRECTORS	13. ETE 1.17	turt	ADDITIONS/CHANGES	TO OFFICE		
NAME	ZIPPERER, JOHN O JR.	L. Otto	1.11	· ·			☐ Chang	ge [] Addition
STREET ADDRESS	2725 HANSEN ST.			STREET ADDRESS	•			
CIY-ST ZiP	FT. MYERS FL 33901			CITY-ST-ZIP				
THEF	7/DOCDED JOUN O III	DELE					Chang	ge Addition
NAME	ZIPPERER, JOHN O III 2725 HANSEN ST.		22 N	IAME			•	_
STREET ADDRESS	FT. MYERS FL 33901		235	TREET ADDRESS				
C-1Y-S1-ZIP Till.E	1 1. MILIO I L 00001	ריי וייי	***	ITY-ST-ZIP	· 3%			
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CITY-ST-ZIF				STREET ADUMESS				
THUE		DELE.					Chang	e Addition
NAME			4 2 N/				· .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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C-TY-S1 ZIP				rty-st-zip				
T TLF		DELE					☐ Chang	e Addition
NAM:			5.2 NA	ł				
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			62 NA				Change	e 🔲 Addition
NAM!	Į.							

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 in 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 Chapter 607 in attachment with an address.

NO OFFICER OR DIRECTOR

63 STREET ADDRESS

6 4 CiTY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CHY ST-ZIP