

**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 # P95000079739 (5)**

1. Corporation Name

**FLOWER EXPRESS OF LAKE LAND, INC.**



Principal Place of Business

**2113 GROVE GLEN NORTH ROAD  
LAKE LAND FL 33813**

Mailing Address

**2113 GROVE GLEN NORTH ROAD  
LAKE LAND FL 33813**

3. Date Incorporated or Qualified  
**10/13/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 2944 S. Combee Rd**

**26 P.O. Box 10**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Eaton Park**

**27**

City & State

City & State

**23 EATON PARK, FL**

**28 Eaton Park, FL**

Zip

Country

Zip

Country

**24 33801**

**25 U.S.A.**

**29 33840**

**30 U.S.A.**

4. FEI Number

**59-3347042**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, NALINI  
2113 GROVE GLEN NORTH ROAD  
LAKE LAND FL 33813**

81 Name

**PATEL, NALINI**

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

**2113 Grove Glen Ln. N.**

83

84 City

**Lakeland**

**FL**

85 Zip Code

**33813**

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 fee, if applicable

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PATEL, NALINI**  
STREET ADDRESS **2113 GROVE GLEN NORTH ROAD**  
CITY - ST - ZIP **LAKE LAND FL 33813**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PATEL, NALINI** ☐ Change ☐ Add on

**2113 Grove Glen Lane N.  
Lakeland, FL 33813**

☐ Change ☐ Addition

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**SIGNATURE: N.K. Patel NALINI K. PATEL 2/26/96 (941) 668-0963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)