

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080162 (7)

1. Corporation Name

BAYPORT FLORAL DESIGN, INC.



Principal Place of Business

6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

GRANT, JEFFREY M
6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

81 Name

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

84 City

FL 85 Zip Code

3. Date incorporated or Qualified

10/18/1995

3a. Date of Last Report

4. FEI Number

59-3333289

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of person who is authorized to file this report

Signature of person who is authorized to file this report

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PD GRANT, JEFFREY M	6200 COURTNEY CAMPBELL CAUSEWAY	TAMPA FL 33607

13.

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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 manager 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 change of officer or director with an address.

SIGNATURE:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date and Print Name

CR2E034 (12/95)