

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000080181 (7)

1. Corporation Name

BERRY'S WHOLESALE FLORAL, INC.

Principal Place of Business

412 S HOWARD AVE  
SUITE 6  
TAMPA FL 33606

Mailing Address

412 S HOWARD AVE  
SUITE 6  
TAMPA FL 33606-2036

3. Date Incorporated or Qualified  
10/19/1995

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business

21 6131 ANDERSON RD. #K

Suite, Apt. #, etc.

22 TAMPA, FLORIDA #K

City & State

23 TAMPA, FLORIDA

Zip

24 33634

Country

25 USA

2a. Mailing Address

26 6131 ANDERSON RD.

Suite, Apt. #, etc.

27 #K

City & State

28 TAMPA, FLORIDA

Zip

29 33634

Country

30 USA

4. FEI Number

59-3335029

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

BERRY, PAUL  
412 S HOWARD AVE  
SUITE 6  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

BERRY, PAUL

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

6131 ANDERSON RD.

83

#K

84 City

TAMPA, FL

FL

85 Zip Code

33634

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BERRY, PAUL  
STREET ADDRESS 412 S HOWARD AVE SUITE 6  
CITY-ST-ZIP TAMPA FL 33606

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME BERRY, PAUL  
1.3 STREET ADDRESS 6131 ANDERSON RD. #K  
1.4 CITY-ST-ZIP TAMPA, FL 33634

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

(813) 243-8815

Daytime Phone #

CR2E034 (9/96)