

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 10 1997 8:00am
Secretary of State

DOCUMENT # P96000024132 (8)

1. Corporation Name

PORTFOLIO FLOWERS, INC.



Principal Place of Business

3175 GREEN DOLPHIN LANE
NAPLES FL 33940

Mailing Address

3175 GREEN DOLPHIN LANE
NAPLES FL 34102-7915

2. Principal Place of Business

21 Portfolio
22 Suite, Apt. #, etc. 360 12th AVE S
23 City & State Naples Florida
24 Zip 34102 25 Country USA

2a. Mailing Address

26 Portfolio
27 Suite, Apt. #, etc. 360 12th AVE S.
28 City & State Naples Florida
29 Zip 34102 30 Country USA

3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

4. FEI Number

65-0658163

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

SEXTON, DAVID N ESQUIRE
C/O BOND, SCHOENECK AND KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME CARTER, TOMMY H
STREET ADDRESS 3175 GREEN DOLPHIN LANE
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☐ DELETE
NAME FORREST, EDWARD HOWARD
STREET ADDRESS 3175 GREEN DOLPHIN LANE
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 360 12th Ave S
1.4 CITY-ST-ZIP Naples, Florida 34102

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 360 12th Ave S
2.4 CITY-ST-ZIP Naples, Florida 34102

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

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

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

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

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.

CR2E034 (9/96)