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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034580 (6)

SIESTA FLOWERS, INC.

Principal Place of Business	
46 NORTH WASHINGTON RIVO	

Mailing Address

FILED May 07 1997 8:00am Secretary of State

BUITE 1 SARASOTA FL 34236	SUITE 1 SARASOTA FL 34236-5977				
			3. Date Incorporated or Qualified 04/17/1996	3a. Date of I	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
1 2123 SIESTA DRIVE	26		65-0660241	ſ	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, -	.75 Additional ee Required
City & State SARASOTA FL	City & State		Election Campaign Financing Trust Fund Contribution	F	5.00 May Be dded to Fees
Zip Country 25	29 30	untry	1	Yes No	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent	
PATTERSON, JOHN		B1 Name			
46 NORTH WASHINGTON BOULEVARD SUITE #1		Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236		83			
		84 City		FL 85	Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligat 	f Florida. Such change was authorize	ed by the corporal			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. [NOTE:	Registered Agent signature	o required when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D XX DELETE	1.1 TITLE	Change Additio
NAME	PATTERSON, JOHN	1.2 NAME	
STREET ADDRESS	48 NORTH WASHINGTON BLVD., #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CHY- ST- ZIP	
TITLE	☐ DELETE	2.1 111LE	D,P,S,T ☐ Change K K dditio
NAME		2.2 NAME	CREIGHTON, G. JAMES III
STREET ADDRESS		23 STREET ADDRESS	2123 SIESTA DRIVE
CITY-ST-ZIP		2 4 CITY-ST-ZIP	SARASOTA FLORIDA 34239
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	•
CITY-ST-ZIP		4.4 CITY - \$1 - ZIP	
TITLE	☐ DELETE	5.1 T(TLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE 🐉	DELETE	6.1 117LE	Change Addition
NAME 😌	./ /	6.2 NAME	
STREET ADDRESS	I KL //	6.3 STREFT ADDRESS	
	i /1 1/1		1

do hereby certify that the information indicated on I am an officer or directly appears in Block 12 of B qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the is true and accurate and that my signature shall have the same legal effect as if made under oath; that provided to execute this report as required by Chapter 607, Florida Statutes; and that my name

953-4141