

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000035385 (9)**

1. Corporation Name

**FLOWERS BY FRANKIE INC.**



Principal Place of Business

**3835 N. 50TH STREET, SUITE H  
TAMPA FL 33619**

Mailing Address

**3835 N. 50TH STREET, SUITE H  
TAMPA FL 33619-1051**

3. Date Incorporated or Qualified

**04/22/1996**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

4. FEI Number

**59-8374375**

Applied For

Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

**23** Zip

**25** Country

**28** Zip

**30** Country

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

**GRINER, FRANKIE  
3835 N. 50TH STREET, SUITE H  
TAMPA FL 33619**

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 of officer or person named as registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1** ☐ DELETE  
TITLE **D**  
NAME **GRINER, FRANKIE**  
STREET ADDRESS **3804 BEECHWOOD BLVD.**  
CITY-STATE-ZIP **TAMPA FL 33619**

**2** ☐ DELETE  
TITLE **Vice President**  
NAME **DAVID L. GRINER**  
STREET ADDRESS **3604 Beechwood Blvd**  
CITY-STATE-ZIP **Tampa Fl. 33619**

**3** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**4** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**5** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**6** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE ☐ Change ☐ Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-STATE-ZIP

**2.1** TITLE ☐ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-STATE-ZIP

**3.1** TITLE ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-STATE-ZIP

**4.1** TITLE ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-STATE-ZIP

**5.1** TITLE ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-STATE-ZIP

**6.1** TITLE ☐ Change ☐ Addition

**6.2** NAME

**6.3** STREET ADDRESS

**6.4** CITY-STATE-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.

SIGNATURE:  **FRANKIE M. GRINER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-13-97**

0365114

CR2E034 (9/96)