

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  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000086703 (1)

1. Corporation Name  
BJ FLOWERS, INC.



Principal Place of Business  
17458 SANDHILL ROAD  
WINTER GARDEN FL 34787-8344

Mailing Address  
17458 SANDHILL ROAD  
WINTER GARDEN FL 34787-8344

3. Date Incorporated or Qualified  
10/18/1996

3a. Date of Last Report  
na

2. Principal Place of Business

2a. Mailing Address

21 5768 N. Orange Blossom  
Suite, Apt. #, etc.

26 3522 N. Powers Dr.  
Suite, Apt. #, etc.

4. FEI Number  
59.3204175

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Orlando, FL 32810

28 Orlando, FL 32818

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32810 25 USA

29 32818 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURTON, JOCELYN  
3522 N. POWERS DRIVE  
ORLANDO FL 32818

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BURTON, JOCELYN  
STREET ADDRESS 3522 N. POWERS DRIVE  
CITY-ST-ZIP ORLANDO FL 32818

11 TITLE P/S/T/D  
12 NAME Burton, Jocelyn  
13 STREET ADDRESS 3522 N. Powers Dr.  
14 CITY-ST-ZIP Orlando, FL 32818

TITLE D  
NAME LUCAS, BERNARD R  
STREET ADDRESS 2507 DRAKE DRIVE  
CITY-ST-ZIP ORLANDO FL 32810-2419

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE:

Jocelyn Burton  
Jocelyn Burton  
REQUIRED

4/24/97

Date

Daytime Phone #

CR2E034 (9/96)