

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 30 1998 8:00am
Secretary of State

DOCUMENT # P97000037105 (8)

1. Corporation Name

NORTH PORT FLORIST INCORPORATED



Principal Place of Business

Mailing Address

C/O PORT CHARLOTTE FLOWER MART
4300 KINGS HIGHWAY UNIT 216-B45
PORT CHARLOTTE FL 33980

C/O PORT CHARLOTTE FLOWER MART
4300 KINGS HIGHWAY UNIT 216-B45
PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14869 Tamiami Trail

Suite, Apt. #, etc.

22

City & State

23 North port, Florida

Zip

24 34287

Country

25 USA

2a. Mailing Address

26 14869 Tamiami Trail

Suite, Apt. #, etc.

27

City & State

28 North Port, Florida

Zip

29 34287

Country

30 USA

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

65-0756059

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KORMANN, ROBERT W
28460 RAMPART BOULEVARD
UNIT 213
PUNTA GORDA FL 33983

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 ☐ 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

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

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DPC

Robert W Kormann

26460 Rampart Blvd Unit 213

Punta Gorda, Florida 33983

DST

Deborah S Kormann

26460 Rampart Blvd Unit 213

Punta Gorda, Florida 33983

V

Joe Darnell

18510 Briggs Circle

Port Charlotte, Florida 33948

V

Connie Darnell

18510 Briggs Circle

Port Charlotte, Florida 33948

V

Valentine Galante

26460 Rampart Blvd Unit 213

Punta Gorda, Florida 33983

14. I 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

Robert W Kormann 4-23-98 941-624-5050

CR2E034 (10/97)