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

**PROFIT CORPORATION ANNUAL REPORT** 

1948



FLORIDA DEPARTMENT OF STATE Sandra B. Marthain 🕽

Secretary of State

DIVISION OF CORPORATIONS

P97000083273 (7)

**FILED** May 13 1998 8:00am Secretary of State

MAIN S	STREET FLORIST, INC.					A HADDINETE DIE TERM DER DE GEGEN ER DE DE GEGEN ER DE GEGNE ER DE		
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Principal Plac	ce of Business	Mailing Address				C saddiade sid sonit tabit abiti ontil abiti fatti fatta seite tibit energ i it iddi.		
109 WOODBL		109 WOODBURN CT						
SAFETY HAR	180R FL 34695	SAFETY HARBOR FL 34	SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						09/25/1997		
2. Principal F	Place of Business	2a. Mailing Address				4 FEI Number		
21		26				59-347 0650 Applied For Not Applied		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
Clty & Stat	te -	City & State				6. Election Campaign Financing \$5.00 May Be		
23	Country	28 Zip	Cour	nto.		Trust Fund Contribution L. Added to Fees		
Zip	<b>├</b> ──¬	<del>-</del>	<del>-</del> -	nuy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25   S. Name and Address of Currer	29   TREGISTERED Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
TU.				81 1	Name			
THORNBURG, DONALD E 109 WOODBURN CT								
	FETY HARBOR FL 34695		ţ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
OF	ITETT HANDON FL 34093		ŀ	<b>B3</b>		The state of the s		
			ļ.					
				84 City		FL 85 Zip Code		
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorized	tt vd t	named corpo ne corporati	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
SIGNATURE								
<b>_</b>	Signature, typed or printed name of registered age			Agent s	signature require	ed when reinstating) DATE		
12,		D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change		
TITLE NAME	PD THOPHIND DOWN D.E.	D official	1,1 TII		}	Circlings CJ Address		
STREET ADDRESS	THORNBURG, DONALD E 109 WOODBURN CT		1.2 NA	me REE1 AD	DDECC			
	SAFETY HARBOR FL 34695			Y-ST-2				
CITY-ST-ZIP TITLE	SALETT HANDON PE 34099	DELETE	2.1 TIT		ZIP	Change Additi		
NAME	[		2.2 NA					
STREET ADDRESS			4	REET AD	DAFSS			
CITY-ST-ZIP				TY-\$1-				
TITLE		DELETE	3.1 TIT			Change Additi		
NAME			3 2 NA	ME				
STREET ADDRESS	)		3.3 ST	REET AD	DRESS			
CITY-ST-ZIP			3.4. CF	TY-S1-	ZIP			
TITLE		DELETE	4.1 TIT	l E		Change Addib		
NAME	ļ		4. 2 NA	<b>M</b> E	]			
STREET ADDRESS	1		4.3 STF	REET AD	DRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-2	ZIP			
TITLE	1	☐ DELETE	5.1 111	LE		Change Additi		
NAME			5.2 NA	ΜE				
STREET ADDRESS			5.3 STI	REET AD	DRESS			
CITY-ST-ZIP			5.4 CIT	Y-\$1-2	ZIP	700002524557		
TITLE		☐ DELETE	6,1 TIT	LE		-05/15/9801006001 thange Addition		
NAME			6.2 NA	ME		***150.00		
STREET ADDRESS			63 STF	AEET AD	idress	(M, 511)		
CITY-ST-ZIP				Y-ST-2		<u> </u>		
14 I hereby	cortify that the information suggited is	ith this filing dose not nitalify.	for the eve	molio	n stated in 9	Section 119 07(3)(i). Florida Statutes, I further certify that the information		

Thereby 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 informatic 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 of 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 attractment with an address.

GNATURE:

GNATURE:

**CIGNATURE**