

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000105630 (2)

1. Corporation Name
FLOWERS BY JASON AND KATIE, INC.



Principal Place of Business: **525 NORTH NEWMAN STREET JACKSONVILLE FL 32202**
 Mailing Address: **525 NORTH NEWMAN STREET JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 5761 Beney Rd		26 8195 Shady Grove Rd		59-3482304		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Jacksonville, FL		28 Jacksonville, FL					
Zip		Country		Zip		Country	
24 32207		25 USA		29 32256		30 USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORMAN P. FREEDMAN, P.A. 525 NORTH NEWMAN STREET JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, KATIE	1.2 NAME	
STREET ADDRESS	525 NORTH NEWMAN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, DAVID	2.2 NAME	
STREET ADDRESS	525 NORTH NEWMAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

CR2E034 (10/97)