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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S42897 (6)  
1. Corporation Name  
BLONG FLORIST, INC.



Principal Place of Business: 4207 ST. JOHNS AVE SUITE 310 JACKSONVILLE FL 32210 US  
Mailing Address: 4207 ST. JOHNS AVE SUITE 310 JACKSONVILLE FL 32210-2101 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/01/1991  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3061898  
Applied For: Not Applicable  
6. Certificate of Status Desired:  \$8.75 Additional Fee Required  
7. 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  
FAIRCHILD, RONALD D.  
701 FISK STREET  
SUITE 310  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DT 1st Treasurer	<input type="checkbox"/> DELETE
NAME	ARTHUR, WILLIAM D., II	
STREET ADDRESS	6811 IMMOKALEE ROAD	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PETERS, THANE A	
STREET ADDRESS	7102 CYPRESS COVE RD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DVP 1st VP	<input type="checkbox"/> DELETE
NAME	BLONG, WILLIAM S.	
STREET ADDRESS	6217 WESCONNETT BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERS, JUDITH B	
STREET ADDRESS	7102 CYPRESS COVE RD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEWART BLONG	
1.3 STREET ADDRESS	6217 WESCONNETT BLVD	
1.4 CITY- ST- ZIP	JACKSONVILLE, FL 32244	
2.1 TITLE	3rd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOANN BLONG	
2.3 STREET ADDRESS	6217 WESCONNETT BLVD.	
2.4 CITY- ST- ZIP	JACKSONVILLE, FL 32244	
3.1 TITLE	2ND TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RENEE LITTLE	
3.3 STREET ADDRESS	1650 WHITMAN ST	
3.4 CITY- ST- ZIP	JACKSONVILLE, FL 32210	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Thane Peters THANE PETERS 4/30/97 904-389-7661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)