

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V20313 (5)

1. Corporation Name

FLORA AND FIONA, INC.



Principal Place of Business

**811 FLEMING ST
KEY WEST FL 33040
US**

Mailing Address

**811 FLEMING ST
KEY WEST FL 33040
US**

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 **3405 FLA GLEN AVE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 5414**
Suite, Apt. #, etc.

4. FEI Number
65-0317775

Applied For
Not Applicable

22 City & State

23 **Key West FL**
Zip **33040** Country **USA**

27 City & State

28 **Key West FL**
Zip **33045** Country **USA**

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GARRISON, PAMELA S.
811 UNITED ST #1
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3930 S. ROOSEVELT UNIT #W309

84 City

Key West

FL

85 Zip Code

33040

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

Pamela S. Garrison
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

3/12/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
DENDY, PAMELA A.**
STREET ADDRESS **3812 DUCK AVENUE**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE

NAME **VTD
GARRISON, PAMELA S.**
STREET ADDRESS **811 UNITED ST #1**
CITY-ST-ZIP **KEY WEST FL**

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

☐ Change ☐ Addition

1.1 TITLE

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

☒ Change ☐ Addition

**3930 S. ROOSEVELT UNIT W309
Key West FL 33040**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Pamela S. Garrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 305-292-9767
Daytime Phone #

CR2E034 (12/95)