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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28842** **(5)**

1. Corporation Name

**DAVIS ISLANDS FLORIST, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 233-B EAST DAVIS BLVD<br>TAMPA FL 33606 | 233-B EAST DAVIS BLVD<br>TAMPA FL 33606 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 04/15/1992 | 04/21/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / Country 30 |

4. FEI Number **65-0329266** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MCFARLANE ELLEN M<br>111 E MADISON STREET<br>SUITE 2300<br>TAMPA FL 33602 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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. Each 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 31 Title | PDVS | 41 Title | ☐ Change ☐ Addition |
| 32 Name | MATTHYS, ALAN M | 42 Name | |
| 33 Street Address | 11924 CYPRESS CREST CIR | 43 Street Address | |
| 34 City, St, ZIP | TAMPA FL | 44 City, St, ZIP | |
| 35 Title | T | 45 Title | ☐ Change ☐ Addition |
| 36 Name | MATTHYS, ALAN M | 46 Name | |
| 37 Street Address | 11924 CYPRESS CREST CIRCLE | 47 Street Address | |
| 38 City, St, ZIP | TAMPA FL 33624 | 48 City, St, ZIP | |
| 39 Title | AS | 49 Title | ☐ Change ☐ Addition |
| 40 Name | MACFARLANE, ELLEN M | 50 Name | |
| 41 Street Address | 111 E. MADISON ST., #2300 | 51 Street Address | |
| 42 City, St, ZIP | TAMPA FL 33602 | 52 City, St, ZIP | |
| 43 Title | | 53 Title | ☐ Change ☐ Addition |
| 44 Name | | 54 Name | |
| 45 Street Address | | 55 Street Address | |
| 46 City, St, ZIP | | 56 City, St, ZIP | |
| 47 Title | | 57 Title | ☐ Change ☐ Addition |
| 48 Name | | 58 Name | |
| 49 Street Address | | 59 Street Address | |
| 50 City, St, ZIP | | 60 City, St, ZIP | |
| 51 Title | | 61 Title | ☐ Change ☐ Addition |
| 52 Name | | 62 Name | |
| 53 Street Address | | 63 Street Address | |
| 54 City, St, ZIP | | 64 City, St, ZIP | |

14. To the best of my knowledge, the information supplied with this report is voluntarily furnished and does not qualify for any exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

**SIGNATURE:** [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0202163 CP