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 APR 18 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38949** **(6)**

1. Corporation Name
UNIVERSAL AMERICAN FLOWERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 151652 TAMPA FL 33684-1652	P.O. BOX 151652 TAMPA FL 33684-1652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21 6610 Anderson Road
Suite, Apt. #, etc. 22
City & State 23 Tampa, FL
Zip 24 33634 County 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

4. FEI Number: **59-3125030** ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCLURE, WILLIAM C
2413 BAYSHORE BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5011 Ave. Avignon
83
84 City Lutz **FL** 85 Zip Code 33624

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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	MCCLURE, WILLIAM C	12 NAME		
STREET ADDRESS	640-12 TETE L'OURS	13 STREET ADDRESS	5011 Ave. Avignon	
CITY ST ZIP	MANDEVILLE LA	14 CITY ST ZIP	Lutz, FL 33624	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	BUTLER, GARY W.	22 NAME		
STREET ADDRESS	16905 CEDER BLUFF DR.	23 STREET ADDRESS	16518 Northdale Oaks Dr.	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa FL 33624	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	OWENS, JODY	32 NAME		
STREET ADDRESS	16013 EAGLE RIVER WAY	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	FINN, TIMOTHY C	42 NAME		
STREET ADDRESS	3606 S LIGHTNER	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP		
TITLE	CFO/VP	51 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ANTHONY J	52 NAME		
STREET ADDRESS	10122 WINFORD OAK BLVD STE 416	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE	VP	61 TITLE		☒ Change ☐ Addition
NAME	SUBER, JACK	62 NAME		
STREET ADDRESS	953 MARINA BLVD	63 STREET ADDRESS	19 Del Oaks Drive	
CITY ST ZIP	MANDEVILLE LA	64 CITY ST ZIP	Madisonville, LA 70447	

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)(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, added or deleted with an address.

SIGNATURE: _____ 04/07/95 813-885-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anthony J. Wright CFO/VP

0304700 CF