

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **V42646** (2)
1. Corporation Name
SOMETHING ORIGINAL FLORIST, INC.



Principal Place of Business 913B N. BEAL PKWY. FT. WALTON BEACH FL 32547	Mailing Address 913B N. BEAL PKWY. FT. WALTON BEACH FL 32547
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2107 LEWIS TURNER BLVD FT WALTON BEACH, FL 32547		2a. Mailing Address 2107 LEWIS TURNER BLVD FT WALTON BEACH, FL 32547		3. Date Incorporated or Qualified 06/08/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3132435	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent DAVIS, ESTHER M. 913B N. BEAL PKWY. FT. WALTON BEACH FL 32547				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELSON, JR. R D			1.2 NAME	DONNELSON, JR. R D		
STREET ADDRESS	913 B N. BEAL PKWY.			1.3 STREET ADDRESS	2107 LEWIS TURNER BLVD		
CITY-ST-ZIP	FT. WALTON BEACH FL			1.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32547		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ESTHER M			2.2 NAME	DAVIS, ESTHER M.		
STREET ADDRESS	913 B N. BEAL PKWY.			2.3 STREET ADDRESS	2107 LEWIS TURNER BLVD		
CITY-ST-ZIP	FT. WALTON BEACH FL			2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32547		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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. **ROGER D. DONNELSON JR ST**

SIGNATURE: 

U-70-96

FSN-862-1524

CR2E034 (10/97)