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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49314

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RENTAL RITE & FLORISTS, INC.

•	e of Business	Mailing Add	ess	······································						
•			BLVD							
ENSACOLA FL	L 32506	PENSACOLA	SACOLA FL 32505-5937							
							3. Date Incorporated or Qualified 07/06/1992		te of Last F	leport
. Principal Pl	lace of Business	2a. Mailing A	ddress				4. FEI Number		-	pplied For
l.,		26					59-3149073	·····		ot Applicable
- Suite, Apt. i]	#, etc	Suite, Ap	t. #. etc.				5. Certificate of Status Desired			Additional equired
City & State	C.	City & Sta	ale				6. Election Campaign Financing	,	\$5.00	May Be
		28					Trust Fund Contribution			to Fees .
Zip	Country	Zφ		Count	try		8. This corporation has liability for	intangible I	tax under s	. 199.032,
	25	29		30	·····				No	
	9. Name and Address of Curr	rent Registered Age	nt		T		10. Name and Address of New Re	gistered A	gent	•
	rson, frank			8	11	Name				
	5 W LEE STREET			8	12	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
PEN	ISACOLA FL 32501			ļ. <u> </u>	1			·		
				8	3					
				8	14	City		FL	85 Zip	Code
l. Pursuant t	to the provisions of Sections 607 0	0502 and 607.1508, F	lorida Statu	les, the atio	WO-	named corp	oration submits this statement for the p	urpose of	changing i	ls registered
 office or re 	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such c	hange was	authorizeci l	D٧٨	the corporati	on's board of directors. I hereby accep	of the appo	ointment as	registered
	74. 11/1/15	ingations of, decilor t	6000	Unide Statut	LOGI	Cho a	144°52)	4-2	2-96	
IGNATURE	Cyrlon, typed or pertion carrier phrep stered	agent and title Tappicable	(NO	E: Registeraci A	lneg/	t signature require	ed when reinstating)	DATE	· ιΨ	
2.	OFFICERS /	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 12
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V 51 7P	PENSACOLA FL 32501			1.4 CTY-		1				
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esa adoress Y-şi şir Uf] DELETE	3.4. CITY 4.1 TITLE 4. 2 NAM	<u>/ - ST</u> E Me	-ZIP			Change	Addition
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informat ar	PENSACOLA FL 32501 by certify that the information support on subsected on this annual report of	olied with this filing do	DELETE DELETE es not qual al report is	3.4. CIPY 4.1 Tiff.E 4.2 NAM 4.3 STRE 4.4 CTY 5.1 TIFF.E 5.2 NAM 5.3 STRE 6.4 CTY 6.1 TIFF.E 6.4 CTY fly for the ex- true and according	(-ST E ME EET AI -ST- E E EET AI -ST- CUITE	-ZIP ODRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP and that	in Section 119.07(3)(i). Florida Statute ny Section 119.07(3) have the same lega as required by Chapter 607, Florida S	s. I further I effect as	Change Change Certify that if made un	Addition Addition The der oath; that