

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50666 (9)

1. Corporation Name
DEE'S FLORIST & DESIGNS, INC.

APPROVED
AND
FILED
95 MAY -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
909 OLD DIXIE HWY. RIVIERA BEACH FL 33404 US	909 OLD DIXIE HWY RIVIERA BEACH FL 33404 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0252571	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. 199.036, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**MALLORYE CUNNINGHAM
201 AVENUE H
RIVIERA BEACH FL 33407**

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

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 required for all registered agents and their successors. (NOTE: Registered Agent signature required when terminating.) DATE)

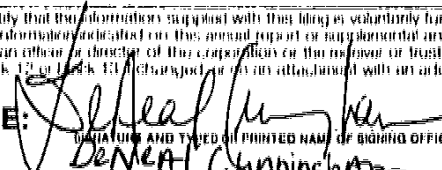
12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNNINGHAM, DENEAL
STREET ADDRESS	909 OLD DIXIE HIGHWAY
CITY, ST, ZIP	RIVIERA BEACH FL
TITLE	TD
NAME	CUNNINGHAM, MALLORYE
STREET ADDRESS	201 AVENUE H
CITY, ST, ZIP	RIVIERA BEACH FL
TITLE	SD
NAME	CUNNINGHAM, NEALIA
STREET ADDRESS	201 AVENUE H
CITY, ST, ZIP	RIVIERA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.04(3)(b), 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. I am an officer or director of the corporation or the person or business 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 as an attachment with an address.

SIGNATURE:  **DENEAL CUNNINGHAM**
 DATE: **4/28/95** FILE NO: **407-844-0606**