

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000001686

**Entity Name:** FLOWERS & TROPICAL FRUIT TREES INC

**Current Principal Place of Business:**

8406 STELLING DR S  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8406 STELLING DR S  
JACKSONVILLE, FL 32244

**FEI Number:** 87-4352907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POT, BORAN  
8406 STERLLING DR S  
JACKSONVILLE, FL 32244 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name POT, BORAN  
Address 8406 STELLING DR S  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name NAY, CHANNA  
Address 8406 STELLING DR S  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BORAN POT

**PRESIDENT**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date