

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000057198

**Entity Name:** PORT CHARLOTTE FLOWER MART INCORPORATED

**Current Principal Place of Business:**

2171 TAMIAMI TRL  
1  
PORT CHARLOTTE, FL 35952

**Current Mailing Address:**

P.O. BOX 496308  
PORT CHARLOTTE, FL 33949

**FEI Number: 65-1195170**

**Certificate of Status Desired: No**

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

KORMANN, ROBERT W  
2171 TAMIAMI TRL  
1  
PORT CHARLOTTE, FL 33952 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            DCP  
Name            KORMANN, ROBERT W  
Address        2171 TAMIAMI TRL  
                  1  
City-State-Zip: PORT CHARLOTTE FL 33952  
  
Title            VP  
Name            GALANTE, VALENTINE C JR.  
Address        2171 TAMIAMI TRL  
                  1  
City-State-Zip: PORT CHARLOTTE FL 35952

Title            DVST  
Name            KORMANN, DEBORAH S  
Address        2171 TAMIAMI TRAL  
                  1  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: DEBORAH KORMANN**

**SEC**

**03/15/2016**

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

\_\_\_\_\_  
Date