

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H82686**

(7)

1. Corporation Name

GADGETS UNLIMITED, INC.



Principal Place of Business

**8 LEEWARD ISLAND
CLEARWATER FL 34630
US**

Mailing Address

**8 LEEWARD ISLAND
CLEARWATER FL 34630
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 Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**WALLO, WILLIAM H.
8 LEEWARD ISLAND
CLEARWATER FL 34630**

3. Date Incorporated or Qualified
10/28/1985

3a. Date of Last Report
04/18/1995

4. FEI Number
59-2598962

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. Does corporate net worth liability for intangible tax under S. 199.032,
Florida Statutes, ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number is Not Acceptable

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1505, 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 607.005, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report on behalf of the corporation

Signature of the person authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WALLO, WILLIAM H.	
STREET ADDRESS	8 LEEWARD ISLAND	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	WALLO, MARGARET A.	
STREET ADDRESS	8 LEEWARD ISLAND	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or persons 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. I am not affiliated with an addressee.

SIGNATURE:

William H. Wallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

DATE

CR2E034 (12/95)