

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90059 043 ***150.00

0443020

DOCUMENT # L09818

1. Corporation Name

KAY'S CARDS & GIFTS, INC.

Principal Place of Business
11600-106 GLADIOLUS DR.
FT MYERS FL 33908
US

Mailing Address
11600-106 GLADIOLUS DR.
FT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1989

4. FEI Number

65-0138360

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

AMES, JEROME J.

~~4411 CORANADO PARKWAY~~
~~CAPE CORAL FL 33904~~

81 Name

Ames, Jerome J

82 Street Address (P.O. Box Number is Not Acceptable)

4901 SW 27th Avenue

83

84 City

Cape Coral

FL

85 Zip Code

33914

11. Pursuant to the provisions of Sections 607.0501 and 607.1609, 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]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME AMES, KAY F
STREET ADDRESS 1012 DOLPHIN DR
CITY-ST-ZIP CAPE CORAL FL

TITLE DVP ☐ Change ☒ Addition
1.2 NAME Traci L. Ames
1.3 STREET ADDRESS 4901 SW 27th Avenue
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE V ☐ DELETE
NAME AMES, JEROME J JR
STREET ADDRESS ~~4411 CORANADO PKWY~~
CITY-ST-ZIP ~~CAPE CORAL FL~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 4901 SW 27th Avenue
2.3 STREET ADDRESS CAPE CORAL, FL 33914
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

CR2E034 (11/98)