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FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000046759 (3)

1. Corporation Name

OLD FIREHOUSE FINE GIFTS, INC.

Principal Place of Business

128 W FOURTH AVE  
MT DORA FL 32757  
US

Mailing Address

128 W FOURTH AVE  
MT DORA FL 32757  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

59-3320229

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2177 KINGSLEY AVE.

Suite, Apt. #, etc.

22 19

City & State

23 ORANGE PARK, FL

Zip

24 32073

Country

25 CLAY

2a. Mailing Address

26 P.O. BOX 2764

Suite, Apt. #, etc.

27

City & State

28 ORANGE PARK, FL

Zip

29 32067-2764

Country

30 CLAY

9. Name and Address of Current Registered Agent

LEANO, LEONDRA C.  
128 W 4TH AVE  
MT DORA FL 32757

10. Name and Address of New Registered Agent No tax due

81 Name LEONORA C. LEANO

82 Street Address (P.O. Box Number is Not Acceptable)  
2177 KINGSLEY AVE, SUITE 19

83

84 City ORANGE PARK FL 85 Zip Code 32073

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LEONDRA C. LEANO  
STREET ADDRESS 128 W 4TH AVE  
CITY-ST-ZIP MT DORA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LEONORA C. LEANO SPELLING OF

1.3 STREET ADDRESS 2177 KINGSLEY AVE, SUITE 19 NAME

1.4 CITY-ST-ZIP ORANGE PARK, FL 32073

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

SIGNATURE: Leonora C. Leano

Leonora C. Leano (904) 213-9711

X 2/26/98

CR2E034 (10/97)