ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
THE SAND DOLLAR GIFT SHOP, INC.

Principal Place of Business	Mailing Address
5302 MARINA DR HOLMES BEACH FL 34217	5302 MARINA DR HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/10/1970	02/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1304276	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

DUYTSCHAVER JON MARTIN
809 S. BAY BLVD.
ANNA MARIA FL 34216

10. Name and Address of New Registered Agent

81 Name: Shawn M. Duytschaver
82 Street Address (P.O. Box Number is Not Acceptable): 5340 D. Gulf Drive
83
84 City: Holmes Beach, FL FL 85 Zip Code

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: Shawn Duytschaver Shawn Duytschaver DP 4-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE		☐ Change ☐ Addition
NAME	DUYTSCHAVER, LINDA L	1.2 NAME		
STREET ADDRESS	809 S BAY BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DUYTSCHAVER, J MARTIN	2.2 NAME	Duytschaver, J Martin	
STREET ADDRESS	809 S BAY BLVD	2.3 STREET ADDRESS	809 S Bay Blvd	
CITY-ST-ZIP	ANNA MARIA FL	2.4 CITY-ST-ZIP	Anna Maria, FL 34217	
TITLE	D	3.1 TITLE	No longer D	☒ Change ☐ Addition
NAME	DUYTSCHAVER, JOHN B	3.2 NAME	Duytschaver, John B	
STREET ADDRESS	515 59TH STREET	3.3 STREET ADDRESS	515 59th St	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE		4.1 TITLE	PD	☐ Change ☒ Addition
NAME		4.2 NAME	Shawn M Duytschaver	
STREET ADDRESS		4.3 STREET ADDRESS	5340 D Gulf Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda L Duytschaver Linda L Duytschaver 4.26.95 813-778-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347790 CP