

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 459464

(4)

1. Corporation Name

LONG'S GIFT SHOP, INC.

Principal Place of Business

**66 WINTER HAVEN MALL
WINTER HAVEN FL 33880**

Mailing Address

**66 WINTER HAVEN MALL
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1974

3a. Date of Last Report

05/09/1994

4. FEI Number

59-1568555

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LENHART, DENNIS W.
427 CORNWALL RD.
WINTER PARK FL 32792**

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 607.0502 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	DP
NAME	LONG, JEANNE M.
STREET ADDRESS	1616 ORANGE AVE.
CITY - ST - ZIP	TAVARES FL
TITLE	DVP
NAME	LONG, JEANNE M., JR.
STREET ADDRESS	1412 CRYSTAL COURT
CITY - ST - ZIP	TAVARES, FL 0
TITLE	DS
NAME	LONG, GEORGE A. W
STREET ADDRESS	85 LAKE OTIS ROAD
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	DT
NAME	LOY, ELIZABETH J.
STREET ADDRESS	910 SOUTHLAND DRIVE
CITY - ST - ZIP	TAVARES, FL 0
TITLE	D
NAME	LOY, EDWARD C.
STREET ADDRESS	910 SOUTHLAND DRIVE
CITY - ST - ZIP	TAVARES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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)(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 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:

George A. Long III

GEORGE A. LONG III

4/27/95

813 293 3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #