

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33880-3445
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1974		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1568555		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LENHART, DENNIS W. 427 CORNWALL RD. WINTER PARK FL 32792				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LONG, JEANNE M.		1.2 NAME				
STREET ADDRESS	1616 ORANGE AVE.		1.3 STREET ADDRESS				
CITY - ST - ZIP	TAVARES FL		1.4 CITY - ST - ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LONG, JEANNE M., JR.		2.2 NAME	DVP			
STREET ADDRESS	1412 CRYSTAL COURT		2.3 STREET ADDRESS	LONG, JEANNE M., JR.			
CITY - ST - ZIP	TAVARES, FL. 0		2.4 CITY - ST - ZIP	502 WEST 20TH STREET			
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LONG, GEORGE A. III		3.2 NAME	DP			
STREET ADDRESS	85 LAKE OTIS ROAD		3.3 STREET ADDRESS	LONG, GEORGE A. III			
CITY - ST - ZIP	WINTER HAVEN FL		3.4 CITY - ST - ZIP	85 LAKE OTIS ROAD			
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOY, ELIZABETH J.		4.2 NAME	DST			
STREET ADDRESS	910 SOUTHLAND DRIVE		4.3 STREET ADDRESS	LOY, ELIZABETH J.			
CITY - ST - ZIP	TAVARES, FL. 0		4.4 CITY - ST - ZIP	1051 SOUTH HIGHLANDS ST. APT 2C			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOY, EDWARD C.		5.2 NAME	D			
STREET ADDRESS	910 SOUTHLAND DRIVE		5.3 STREET ADDRESS	LOY, EDWARD C.			
CITY - ST - ZIP	TAVARES FL		5.4 CITY - ST - ZIP	1051 SOUTH HIGHLANDS ST. APT 2C			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	MOUNT DORA, FL 32757			
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 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, on an attachment with an address.

SIGNATURE:  **GEORGE A. LONG III** 1/27/97 941-293-3335

CR2E034 (9/96)