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

PROFIT CORPORATION ANNUAL REPORT

1**Q**Q2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	CUMENT # 459464 IG'S GIFT SHOP, INC.				111 81 811 818 11 81811 81811 1881
Principal Piece of Business 88 WINTER HAVEN MALL WINTER HAVEN FL 33880		Mailing Address 66 Winter Haven Mall Winter Haven FL 33880		DO NOT WRITE IN THIS	
				3. Date Incorporated or Qualified 08/13/1974	
	nal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 Suite	Apt. #, elc.	Suite, Apt. #, etc.		59-1568555	Not Applicable \$8.75 Additional
22	, vio.	27		5. Certificate of Status Desired	Fee Required
City &	State	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
24 Zip	Country	Zip	Country	 This corporation owes or has paid the creer of the Personal Property Tax due June 30. 	urrent year Intangible 【X】Yes ☐ No
24	25 g. Name and Address of Currer	29 ant Registered Agent	[30]	10. Name and Address of New Registered	
	LENHART, DENNIS W.		81 Name		
	427 CORNWALL RD.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32792			62 Slieet Add	iress (F.O. Box number is not Acceptable)	
			83		
ļ			84 City		85 Zip Code
				FI	_
11. Pursu	iant to the provisions of Sections 607.050 or registered agent, or both, in the State	D2 and 607,1508, Florida Statute e of Florida _. Such chang e was a	es, the above-named corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered epointment as registered
Ι .		ations of, Section 607.0505, Flo	orida Statutes.		
SIGNATÚ	RE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	E. Registered Agent signature requ	lired when reinstating) DATE	
12.	<u></u>	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	XX DELETE	1.1 TITLE D	V	Change XX Addition
NAME	LONG, JEANNE M.		1.2 NAME	ONG, GEORGE A. III	
STREET ADOR			1.3 STREET ADDRESS 8	35 LAKE OTIS ROAD	
CITY-ST-ZIP	TAVARES FL	- Tel series		<u> IINTER HAVEN, FL 33884</u>	
TITLE	DVP	XX DELETE	1)V	Change XX Addition
NAME	LONG, JEANNE M , JR.			ONG, CHRISANNE	
STREET ADDR				35 LAKE OTIS ROAD	
CITY-ST-ZIP	ROCK FALLS IL	DELETE	2.4 CITY-ST-ZIP W	VINTER HAVEN, FL 33884	Change Addition
NAME	LONG, GEORGE A. III	C Ditteri	3.2 NAME		
STREET ADDR	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARKETON ALALONA DA		3.4. CITY - ST - ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		Change Addition
NAME	LOY, ELIZABETH J.		4. 2 NAME		
STREET ADDR		T, APT. 2C	4.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY - ST - ZIP		
TITLE	. D	DELETE	5.1 TITLE	5 rate	Change Addition
NAME	LOY, EDWARD C.	T ADT O.C.	5.2 NAME		
STREET ADDR	ESS 1051 SOUTH HIGHLANDS ST MOUNT DORA FL	I, API 20	5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DURK FL	☐ DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		- 222012	62 NAME		
STREET ADDR	ESS		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 en address.

SIGNATURE:

george la Fongue

3-31-48

941-293-3335

FILED

Apr 03 1998 8:00am

Secretary of State