

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 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 500343 (9)

1. Corporation Name

GIFT GALLERY OF ST. PETERSBURG, INC.

Principal Place of Business

**5526 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address

**5526 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/02/1976

3a. Date of Last Report

03/25/1994

4. FEI Number

59-1655862

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOSS, DOUGLAS L.
5526 CENTRAL AVE.
ST. PETERSBURG FL**

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 (print or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

P/S/T/D

MOSS, DOUGLAS L.

5526 CENTRAL AVE.

ST. PETERSBURG, FL 33707

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SIGNATURE:

Douglas L. Moss

DOUGLAS L. MOSS

4/24/95

(813) 384-4110

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number