

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

FILED

Jun 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 520381

(5)

1. Corporation Name

GIGGLES & GRINS INC.

Principal Place of Business

29A SANTA ROSA MALL
300 MARY ESTHER BLVD
MARY ESTHER FL 32569
US

Mailing Address

29A SANTA ROSA MALL
300 MARY ESTHER BLVD
MARY ESTHER FL 32569-1699
US

2. Principal Place of Business

21 1107 John Sims Pkwy

Suite, Apt. #, etc.

22

City & State

23 Niceville FL

Zip

24 32578

Country

25 US

2a. Mailing Address

26 1107 John Sims Pkwy

Suite, Apt. #, etc.

27

City & State

28 Niceville FL

Zip

29 32578

Country

30 US

9. Name and Address of Current Registered Agent

ESPY, ELAINE
50 POQUITO ROAD
SHALIMAR FL 32579

3. Date Incorporated or Qualified

01/01/1977

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1730337

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

10. Name and Address of New Registered Agent

81 Name

IRIS STRUNC

82

Street Address (P.O. Box Number is Not Acceptable)

730 PRESTWICK DRIVE

83

84

City

NICEVILLE

FL

85 Zip Code

32578

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

IRIS STRUNC

5/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME
STREET ADDRESS
CITY-ST-ZIP
ESPY, STEVEN P.
913 B. NORTH BEAL
FT. WALTON BCH FL

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY-ST-ZIP
ESPY, ELAINE P.
913 B. NORTH BEAL
FT. WALTON BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

IRIS STRUNC

730 PRESTWICK DR
NICEVILLE, FL 32578

T

WILLIAM STRUNC

730 PRESTWICK DR
NICEVILLE, FL 32578

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE

5/1/97

CR2E034 (9/96)