FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F52658** **(4)**

1. Corporation Name
KITCHEN GIFTS & GADGETS, INC.

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
TREASURE COAST SQUARE 3192 NW FEDERAL HWY. JENSEN BCH. FL 34957 US	TREASURE COAST SQUARE 3192 NW FEDERAL HWY. JENSEN BEACH FL 34957 US

3. Date Incorporated or Qualified: **11/03/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | (27)
City & State (23) | (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: **59-2142568** ☐ 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 authority for intangible tax under ch. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOPSON, AUDREY
3038 S. FEDERAL HIGHWAY
STUART FL 33497

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOPSON, AUDREY	12 NAME	
STREET ADDRESS	3038 S. FEDERAL HIGHWAY	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VICKI H.	22 NAME	
STREET ADDRESS	1720 SW WILDCAT TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VICKI H.	32 NAME	
STREET ADDRESS	1720 SW WILDCAT TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Vicki H. Davis 5/1/95 (407)692-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
VICKI H. DAVIS

0378328 CP