

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F52658**

(4)

1. Corporation Name

KITCHEN GIFTS & GADGETS, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **REGENCY SQUARE**

26 **REGENCY SQUARE**

4. FEI Number

59-2142568

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **2452 SE FED. HWY.**

Suite, Apt. #, etc.

27 **2452 SE FED. HWY.**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **STUART, FL**

City & State

28 **STUART FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

24 **34994**

Country

25 **USA**

Zip

29 **34994**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOPSON, AUDREY
3038 S. FEDERAL HIGHWAY
STUART FL 33497**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HOPSON, AUDREY**
STREET ADDRESS **3038 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **DAVIS, VICKI H.**
STREET ADDRESS **1720 SW WILDCAT TRAIL**
CITY-ST-ZIP **STUART FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **DAVIS, VICKI H.**
STREET ADDRESS **1720 SW WILDCAT TRAIL**
CITY-ST-ZIP **STUART FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

(407) 288-0960

Daytime Phone #

CR2E034 (12/95)