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Jan 29 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 # F96871 (1)

1. Corporation Name
JOHNSTON'S CARD & GIFT SHOP, INC.

Principal Place of Business
4639 WESTFORD CIR.
TAMPA FL 33624-4357

Mailing Address
4639 WESTFORD CIR.
TAMPA FL 33624-4357



3. Date Incorporated or Qualified 08/25/1982
3a. Date of Last Report 04/05/1996

2. Principal Place of Business
21 6210 NIMES CT
22 Suite, Apt. #, etc.
23 City & State LUTZ FL
24 Zip 33549 25 Country HILLS

2a. Mailing Address
26 6210 NIMES CT
27 Suite, Apt. #, etc.
28 City & State LUTZ FL
29 Zip 33549 30 Country HILLS

4. FEI Number 59-2218950
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

9. Name and Address of Current Registered Agent
JOHNSTON, ROBERT H.
4639 WESTFORD CIR.
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name JOHNSTON, ROBERT H.
82 Street Address (P.O. Box Number is Not Acceptable) 6210 NIMES CT
83
84 City LUTZ FL 85 Zip Code 33549

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE VTD
NAME JOHNSTON, LIZABETH
STREET ADDRESS 4639 WESTFORD CIR.
CITY-ST-ZIP TAMPA FL
TITLE PSD
NAME JOHNSTON, ROBERT H
STREET ADDRESS 4639 WESTFORD CIR.
CITY-ST-ZIP TAMPA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6210 NIMES CT
1.4 CITY-ST-ZIP LUTZ, FL 33549
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6210 NIMES CT
2.4 CITY-ST-ZIP LUTZ FL 33549
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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: _____ DATE: 1/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT H. JOHNSON
Daytime Phone: 948-8184

CR2E034 (9/96)