SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 20 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53139 (3)

1. Corporation Name
FLORIDA CARD AND GIFT CORPORATION

Principal Place of Business	Mailing Address
4032 LITTLE ROAD NEW PORT RICHEY FL 34655	4032 LITTLE ROAD NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1983
3a. Date of Last Report: 07/29/1994

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

4. FEI Number: 59-2344194 ☐ 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

PASMORE, PETER
4015 LIGHTHOUSE WAY
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	MAUREEN, RUDKIN	☒ Change ☐ Addition
NAME	MAUREEN, RUDKIN	1.2 NAME		
STREET ADDRESS	4860 APT. L, THALES ROAD	1.3 STREET ADDRESS	10510 THISTLEDOWN DR	
CITY-ST-ZIP	WINSTON SALEM NC	1.4 CITY-ST-ZIP	RICHMOND, VIRGINIA ZIP 23233	
TITLE	S	2.1 TITLE		☒ Change ☐ Addition
NAME	PASMORE, MARILYN	2.2 NAME	PASMORE MARILYN	
STREET ADDRESS	4015 LIGHTHOUSE WAY	2.3 STREET ADDRESS	29081 US19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	CLEARWATER, FLA. 34621 #309	
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	PASMORE, PETER	3.2 NAME	PASMORE PETER	
STREET ADDRESS	4015 LIGHTHOUSE WAY	3.3 STREET ADDRESS	29081 US 19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	CLEARWATER, FLA. 34621 #309	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: _____ 07/12/95 813-376-1984
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER PASMORE

0T18000 CP