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Mar 12 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 # H82686

(7)

1. Corporation Name  
GADGETS UNLIMITED, INC.



Principal Place of Business

8 LEEWARD ISLAND  
CLEARWATER FL 34630  
US

Mailing Address

8 LEEWARD ISLAND  
CLEARWATER FL 34630-2301  
US

3. Date Incorporated or Qualified  
10/28/1985

3a. Date of Last Report  
04/12/1996

2. Principal Place of Business

21 8 Leeward Island

2a. Mailing Address

26 8 Leeward Island

State Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 8 Leeward Island

28 Clearwater, FL 34630

Zip

Country

Zip

Country

24 34630

25 Pinellas

29 34630

30 Pinellas

4. FEI Number

59-2598962

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

WALLO, WILLIAM H.  
8 LEEWARD ISLAND  
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

William H. Wallo

82

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

8 Leeward Island

83

84 City

Clearwater, FL

FL

85 Zip Code

34630

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

Signatures: Type the printed name of registered agent and for if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WALLO, WILLIAM H.  
STREET ADDRESS 8 LEEWARD ISLAND  
CITY - ST - ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME WALLO, MARGARET A.  
STREET ADDRESS 8 LEEWARD ISLAND  
CITY - ST - ZIP CLEARWATER 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 (913) 446-8400  
Date Daytime Phone #

CR2E034 (9/96)