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

APPROVED AND FILED
95 MAY -1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M78146** **(1)**

1. Corporation Name
GIFT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
~~4 HARGROVE GRADE~~	~~4 HARGROVE GRADE~~
P. O. BOX 1866	P. O. BOX 1866
PALM COAST FL 32137-0866	PALM COAST FL 32137-0866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1988	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8 CLASSIC CT.	26 P.O. Box 1866
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 PALM COAST, Fla.	City & State 28 PALM COAST FLORIDA
Zip / Country 24 32137 / 25 USA	Zip / Country 29 32135 / 30 USA

4. FEI Number: 59-2885879 ☐ 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	10. Name and Address of New Registered Agent
EMLING, RICHARD F. 8 CLASSIC CT. PALM COAST FL 32137	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 _____ 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	~~DVT~~	11 TITLE	D	☒ Change ☐ Addition
NAME	~~EMLING, RICHARD F.~~	12 NAME	EMLING, RICHARD F.	
STREET ADDRESS	~~8 CLASSIC CT.~~	13 STREET ADDRESS	8 CLASSIC CT	
CITY ST ZIP	~~PALM COAST FL~~	14 CITY ST ZIP	PALM COAST, FL. 32135	
TITLE	~~DV~~	21 TITLE	DVT	☒ Change ☐ Addition
NAME	~~EMLING, ELLY M.~~	22 NAME	EMLING ELLY M.	
STREET ADDRESS	~~8 CLASSIC CT.~~	23 STREET ADDRESS	8CLASSIC CT	
CITY ST ZIP	~~PALM COAST FL~~	24 CITY ST ZIP	PALM COAST, Fla. 32137	
TITLE	~~DV~~	31 TITLE	DP	☒ Change ☐ Addition
NAME	~~EMLING, SHAWN M.~~	32 NAME	EMLING, SHAWN M	
STREET ADDRESS	~~11247 SAN JOSE BLVD~~	33 STREET ADDRESS	8CLASSIC CT	
CITY ST ZIP	~~JACKSONVILLE FL~~	34 CITY ST ZIP	PALM COAST, Fla. 32137	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	EMLING, SCOTT W.	42 NAME		
STREET ADDRESS	3242 MERGANZER	43 STREET ADDRESS		
CITY ST ZIP	ORANGE PARK FL	44 CITY ST ZIP		
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	EMLING, AMY	52 NAME	EMLING, AMY	
STREET ADDRESS	11247 SAN JOSE BLVD	53 STREET ADDRESS	8CLASSIC CT	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	PALM COAST, Fla. 32137	
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: Elly M Emling 4-21-95 904-445-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012466 CP