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

1. Corporation Name
GIFT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
8 CLASSIC CT. P. O. BOX 1866 PALM COAST FL 32137 US	~~P.O. BOX 1866~~ P. O. BOX 1866 PALM COAST FL 32135 US

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

3. Date Incorporated or Qualified: 04/21/1988
3a. Date of Last Report: 05/01/1995
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

EMLING, RICHARD F.
8 CLASSIC CT.
PALM COAST FL 32137

10. Name and Address of New Registered Agent
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EMLING, RICHARD F.		1.2 NAME	
STREET ADDRESS	8 CLASSIC CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EMLING, ELLY M.		2.2 NAME	
STREET ADDRESS	8 CLASSIC CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	EMLING, SHAWN M.		3.2 NAME	
STREET ADDRESS	~~8 CLASSIC CT.~~		3.3 STREET ADDRESS	1660 WEST FIELD CT
CITY-ST-ZIP	~~PALM COAST FL~~		3.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30243
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EMLING, SCOTT W.		4.2 NAME	
STREET ADDRESS	3242 MERGANZER		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	EMLING, AMY		5.2 NAME	
STREET ADDRESS	~~8 CLASSIC CT.~~		5.3 STREET ADDRESS	1660 WEST FIELD CT
CITY-ST-ZIP	~~PALM COAST FL~~		5.4 CITY-ST-ZIP	LAWRENCEVILLE, GA. 30243
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Elly M. Emling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (Date) 904-445-3763 (Daytime Phone #)

CR2E034 (12/95)