

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90022 043 ***150.00

DOCUMENT # M78146

1. Corporation Name
GIFT SPECIALISTS, INC.

Principal Place of Business

FOUR HARGROVE GRADE
SUITE A
PALM COAST FL # @ # &
US

Mailing Address

P.O. BOX 1866
PALM COAST FL 32135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1988

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

No

2. Principal Place of Business

21 FOUR HARGROVE GRADE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite A

27 Suite, Apt. #, etc.

23 City & State

28 PALM COAST, FLORIDA

29 City & State

24 Zip

25 32137

Country

29 USA

30 Zip

Country

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

TITLE D
NAME EMLING, RICHARD F.
STREET ADDRESS 8 CLASSIC CT.
CITY-ST-ZIP PALM COAST FL 32137

☐ DELETE

TITLE D
NAME EMLING, ELLY M.
STREET ADDRESS 8 CLASSIC CT.
CITY-ST-ZIP PALM COAST FL 32137

☐ DELETE

TITLE DP
NAME EMLING, SHAWN M.
STREET ADDRESS 1660 W. FIELD CT.
CITY-ST-ZIP LAWRENCEVILLE GA 30243

☐ DELETE

TITLE DV
NAME EMLING, SCOTT W.
STREET ADDRESS 3242 MERGANZER
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE DVST
NAME EMLING, AMY
STREET ADDRESS 1660 W. FIELD CT.
CITY-ST-ZIP LAWRENCEVILLE GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard F. Emling
DIRECTOR

DATE

4-26-99

DAYTIME PHONE #

904-445-3763

CR2E034 (11/98)