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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014754 (5)

CHARLIE ALLNUTT'S UNIQUE GIFTS OF KEY LARGO, INC

## FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
HOLIDAY INN DOCK STORE 99701 OVERSEAS HWY.	P. O. BOX 301 HARRODS CREEK KY 4002	27		
KEY LARGO FL 33037	US	c.r	DO NOT WRITE IN THIS SPACE	
US			3. Date Incorporated or Qualified 12/23/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 HOLLDAY INN	26 P.O. BOX 3	1/2	59-2237039	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 MM (00	27 KRY LARG	20.	5. Certificate of Status Desired	Fee Required
City & State	City & state		6. Election Campaign Financing	\$5.00 May Be
23 NEY LARGO, FI.	28 PLORDIA	A	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 33037 25 MONRO	29 33637	30 MONROE	Personal Property Tax due June 30.	Yes No
9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
HENDRICKS, FRANCES E		81 Name		
HOLIDAY INNDOCKSTORE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
99701 OVERSEAS HIGHWAY		ļ <u>.</u>		
KEY LARGO FL 33037		83		
		84 City		85 Zip Code
		<b>[ •</b> • • • • • • • • • • • • • • • • • •	F	L
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State</li> </ol>	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. I am lamiliar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	non's board or directors. Thereby accept the a	thhousetent as redistered
SIGNATURE				
Signature, typed or printed name of registered ag	<del> </del>	Registered Agent signature require		
	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Print Print
NAME HENDRICKS, FRANCES E	☐ DELETE	1.1 TITLE		Change Addition
HOUDAY IN BOOKSTODE	DOTAL OUTDOEAG LINEV	1.2 NAME		
STREET ADDRESS HOLIDAY INN DOCKSTORE,	SALUI OVERSENS HIVI.	13 STREET ADDRESS		
CITY-ST-ZIP KEY LARGO FL 33037	T or ero	14 CHY-ST-ZIP		
TITLE	☐ DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	Docusto	2.4 CITY-ST-ZIP	<u></u>	
TITLE	☐ DETELE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
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		
44 Lhoroby partify that the information supplied y	uith this filing doos not quality for	the augmention stated in t	Contine 110 07/2)(i) Florida Ctatutas I further	postifus 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 roceiver 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.

IGNATURE: