

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015209 (9)

1. Corporation Name

GREETING CARD DEPOT #101, INC.

**APPROVED
AND
FILED**

95 APR 21 PM 3:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**MARINERS VILLAGE SHOPPING PLAZA
4586 E. MICHIGAN STREET
ORLANDO FL 32812**

Mailing Address

**4586 E MICHIGAN ST
MARINER'S VILLAGE
ORLANDO FL 32812
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

02/21/1994

4. FEI Number

59-3158174

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

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

9. Name and Address of Current Registered Agent

**MOON, WALTER R
1218 E. ROBINSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME COVERT, RICHARD A
STREET ADDRESS 5138 CREUSOT CT
CITY- ST- ZIP ORLANDO FL

TITLE DVS
NAME COVERT, BARBARA L
STREET ADDRESS 5138 CREUSOT CT
CITY- ST- ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP

ZIP 32889

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP

ZIP 32889

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

☐ Change ☐ Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

☐ Change ☐ Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

☐ Change ☐ Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Barbara L. Covert
Barbara L. Covert Vice President

April 17, 1995

407-382-9080