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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # P93000012630 (8)

THE GIFTS OF JOY, INC. Principal Place of Business Mailing Address 767 HIGHWAY 98 EAST 767 HIGHWAY 98 EAST DESTIN FL 32541 **DESTIN FL 32541-2523** 3. Date Incorporated or Qualified Sa. Date of Last Report 03/01/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3167442 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEGNO, JOY M 767 HIGHWAY 98 EAST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2 83 DESTIN FL 32541 84 City 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 typica or printed haine of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Tille 1.1 TITLE Change ___ Addition SEGNO, JOY M NAME 1.2 NAME 1473 EMERALD BAY DR STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE DICE 2.1 TITLE Change ___ Addition 2.2 NAME STREET AUDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE HEE 3.1 TITLE Change Addition NAM 3.2 NAME STREET ACIDRESS 3 3 STREET ADDRESS CHY-\$1-76 3.4. CITY-ST-ZIP DELETE THLE 4.1 TITLE ☐ Change Addition

6.4 CITY-ST-ZIP 14. I do 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 eath; 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 attachment with an address

4.2 NAME

5 1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADORESS

53 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST-ZIP

SIGNATURÉ

NAME

1-11.6

NASE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - 702

0114-51-73

CITY: ST-7-P

Change

Addition

Addition

(96/6)