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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000010279 (5) **DOCUMENT #** 1. Corporation Name

GUMBALLS GALORE, INC.

Principal Place of Business Mailing Address											
12618 CHELM	ASFORD COURT	1416	12618 CHELMSFORD ORLANDO FL 32837	COURT							
ORLANDO FL	. 32837	CHILANDO PL 32937				3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1994 04/12/1995					
	/ D	- 0-	Mailing Address				4, FEI Number		04/ 1E		plied For
2. Principal Place of Business			. Mailing Address				59-3227141 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional				
City & State			City & State				Election Campaign Financing Trust Fund Contribution	7-1-1			
Zip Country			Zip Country				This corporation has liability for intangible tax under s 199.032,				
24 25 29				30			Florida Statutes				
<u> </u>	9. Name and Address of Curre	nt Regis	stered Agent			,	10. Name and Address of New F	tegistered	Agent		
					81	Name					
HEISEY, JEFFREY W 12618 CHELMSFORD COURT ORLANDO FL 32837						Street Add	dress (P.O. Box Number is Not Acceptable)				
					83						
					84	City		FL	85	Zip	Code
or registere familiar with	d agent, or both, in the State of Fic , and accept the obligations of, Se speature, typed or printed name of registered age	rida. Suc ction 607	n change was authorize .0505, Florida Statutes.	a by the	corp	oration's boo	oration submits this statement for the purand of directors. I hereby accept the app and of directors is the appared when rensating	DATE	s registe	ared a	agent. I am
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TILE	SD		☐ DELETE	1, 1	TITLE				☐ Chan	ige	☐ Addition
NAME	HEISEY, JEFFREY W			1.2	NAME						
STREET ADDRESS	12618 CHELMSFORD CO	urt		1.3	STREE	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32837			14	CITY	ST-ZIP			— A		
TITLE	VDT		☐ DELETE	2 1	TITLE				☐ Char	ıge	☐ Addition
NAME	HEISEY, SANDRA D			2.2	NAME						
STREET ADDRESS	12618 CHELMSFORD CO	urt				T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32837		C NULTI			ST-ZIP			☐ Char	nge	Addition
TITLE			□ DELETE		TITLE						
NAME					NAME						
STREET ADDRESS						ET ADDRESS					
C(1Y-S1-ZIP			T] DELETE		TITLE	ST-ZIP			Chai	nge	Addition
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NAME				1		T ADDRESS					•
STREET ADDRESS					•	ST-ZIP					
CITY-ST-ZIP TITLE			DELETE		TITLE				☐ Cha	nge	Addition
NAME			_		NAME						
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						ST-ZIP					
CITY-ST-ZIP TITLE			☐ DELETE		1 TITLE				☐ Cha	inge	Addition
NAME				6.2	NAME	.					
STREET ADDRESS						ET ADDRESS					
STREET ADUMESS											

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). Fiorida 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. MARCO DE HAINTE NAME OF SIGNING OFFICER OF DIRECTOR SANGED D. Heisey 4/25/96 438-1/38 SIGNATURE: ___

1 100/1001 110 1011 Elek Boin Coin Abh Aons Bois 110/1 18/16 110/1 110/1 110/1 110/1