

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085911 (3)

1. Corporation Name

PALMS GIFTS INC.

Principal Place of Business

% HOLIDAY INN
11908 GULF BLVD.
TREASURE ISLAND FL 33706

Mailing Address

% HOLIDAY INN
11908 GULF BLVD.
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1994

39. Date of Last Report

N/A.

4. FEI Number

65-0540803

Applied For

Not Applicable

5. Limited liability corporation

\$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

2a. Mailing Address

21

26

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

DOUGLAS R MCKAY

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

17002 DOLPHIN DR.

83

84

N. REDINGTON BEACH,

FL

85

Zip Code
33708

11. Pursuant to the provisions of Sections 607.0602 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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
MCKAY, DOUGLAS
17002 DOLPHIN DR.
NORTH REDINGTON BEACH FL 33708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
MCKAY, DOROTHY
17002 DOLPHIN DR.
NORTH REDINGTON BEACH FL 33708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DE LEAU, TOETIE
10424 GATLING ST.
SPRING HILL FL 33526

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. 1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. 1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS R MCKAY PRES.

Date

Daytime Phone #

4-17-95

813-367-2761