FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000045115 (9)**

1. Corporation Name
SPECIALTY GIFTS OF SWFL, INC.

Principal Place of Business
3105 SE 11TH AVENUE STE A
CAPE CORAL FL 33904

Mailing Address
3105 SE 11TH AVENUE STE A
CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1118 S.E. 21st St.
Suite, Apt. #, etc. 22
City & State 23 Cape Coral, FL
Zip 24 33990 Country 25

2a. Mailing Address
26 1118 S.E. 21st St.
Suite, Apt. #, etc. 27
City & State 28 Cape Coral, FL
Zip 29 33990 Country 30

4. FEI Number: 65-0584191 — 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

9. Name and Address of Current Registered Agent
DORING, LOUIS C III
3105 SE 11TH AVENUE STE A
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name: Doring, Louis C III
82 Street Address (P.O. Box Number is Not Acceptable): 1118 S.E. 21st St.
83
84 City: Cape Coral FL 85 Zip Code: 33990

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 (not the corporate ... (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	DORING, LOUIS C III	
STREET ADDRESS	3105 SE 11TH AVENUE STE A	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ DELETE
NAME	DORING, LOUIS C III	
STREET ADDRESS	3105 SE 11TH AVENUE STE A	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	☒ Change ☐ Addition
1.2 NAME	Doring, Louis C III	
1.3 STREET ADDRESS	1118 S.E. 21st St.	
1.4 CITY-ST-ZIP	Cape Coral, FL 33990	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Doring, Louis C III	
2.3 STREET ADDRESS	1118 S.E. 21st St.	
2.4 CITY-ST-ZIP	Cape Coral, FL 33990	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 (941) 574-5184
Date Daytime Phone #

CR2E034 (12/95)