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

DOCUMENT # P95000049302 (9)

THE WHIMSICAL GIFT SHOP, INC.

Delandanat	Diana	-4	n
Principal	riace	OI	DUSINESS

Mailing Address

FILED May 01 1997 8:00am Secretary of State



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3973 CATTLEM SARASOTA FL US			33 WAIKIKI DR. ARASOTA FL 34241-56:	51							
						3. Date Incorporated or Qualified 06/23/1995		Date of Last Report 5/24/1996			
2. Principal P	Place of Business	28.	. Mailing Address				4. FEI Number			Applied For	
21 Culto Ant	# oto	26	College And House				65-0592875			Not Applicable	
22	Sulte, Apt. #, etc.		Suite, Apt #, etc.				5. Cortificate of Status Desired			\$8.75 Additional Fee Required	
City & Stat	City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	29	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No					
	9. Name and Address of Curre		stered Agent		Γ		10. Name and Address of New Re				
1201	PORATION SERVICE COMPAN I HAYS STREET LAHASSEE PL 32301-2525	Y			81 82 83	Street Add	nda K. Clayton ress (P.O. Box Number is Not Acceptat Waki Ki Dr.		B5 Z ₁	p Code	
office or r	r egistere d agent, or both, in the State im familiar with, and accept the oblig	e of Flori gations o	ida. Such change wa	s authorizo	d by	named corpora	rc⊾S≎+o⊷ poration submits this statement for the p hon's board of directors. I hereby accep	FL urpose of the app	3 changing pintment a	4241 g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ac	jent and t G	Ilappicable (N	OIL Registere	d Age	nt signature requi	red when reinstaking)	DATE			
12.	OFFICERS AN	ND DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D		☐ DELETE	1.11	ILF				Change	e 🔲 Addition	
NAME	CLAYTON, C. DUANE			1.2 N	AM)						
STREET ADDRESS	4133 WAIKKI DRIVE			1.3 \$	THEFT	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34241		T bytese		ITY-S	T-ZIP				——————————————————————————————————————	
TITLE	D CLAYTON LINDA K		☐ DELETE	211					Change	e L Addition	
NAME	CLAYTON, LINDA K 4133 WAIKKI DRIVE			22 N		1575100					
STREET ADDRESS	SARASOTA FL 34241					ADDRESS					
CITY-ST-ZIP TITLE	UNINOVIA IL 07671		DELETE	2 4 (31 - ZiP			Change	e Addition	
NAME			and section is	3.2 N						- La roudilli	
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CITY-ST-ZIP				6.4 C	1Y-\$	T- 2(P					
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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 offect 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.