

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000105743 (3)

1. Corporation Name

SHARON'S GIFT SHOP, INC.

Principal Place of Business

P.O. BOX 400
BRADENTON FL 34206

Mailing Address

P.O. BOX 400
BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

65-0800975

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, G. JOSEPH
1208 MANATEE AVE. WEST
BRADENTON FL 34205

81 Name

Pollett, Sharon

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

3234 East Bay Drive

83

84 City

Holmes Beach,

FL

85 Zip Code
34217

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

NAME

D POLLETT, SHARON

1.2 NAME

STREET ADDRESS

P.O. BOX 14793 (NA)

1.3 STREET ADDRESS

CITY-ST-ZIP

BRADENTON FL 34280

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE

NAME

D HARRISON, G. JOSEPH

2.2 NAME

STREET ADDRESS

P.O. BOX 400 (NA)

2.3 STREET ADDRESS

CITY-ST-ZIP

BRADENTON FL 34206

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 or both, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of person appearing as director

Sharon Pollett, President February, 1998
(941) 778-3547

CR2E034 (10/97)