

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90010 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000097009

1. Corporation Name  
**GIFF'S SUB SHOPPE OF FLOROSA, INC**



Principal Place of Business: 461 RANGER RD #5, MARY ESTHER FL 32569  
 Mailing Address: 461 RANGER RD #5, MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/16/1998**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)

4. FEI Number: **59-3546849**  
 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 the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
**HARPER, EMMETT D**  
**53 EGLIN ST**  
**FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, MARJORIE H	
STREET ADDRESS	839 TANNAGER RD #6	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, ANGELINA N	
STREET ADDRESS	839 TANNAGER RD #5	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 7/22/99 (850) 581-2007

CR2E034 (5/99)

602447-90010-20  
PA8000097009

GIFFS SUB SHOPPE OF FLOROSA, INC.  
461 RANGER ROAD #5  
MARY ESTHER, FL 32569

28 July, 1999

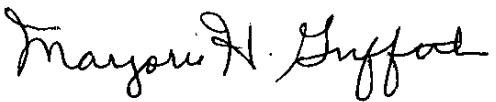
Florida Department of State  
Secretary of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Ref:ANNUAL REPORT

Gentlemen,

I am new to Corporation Annual Report Filing as my Business was Incorporated On 11/01/1998. In-as-much as I failed to receive the initial mailing of the Annual Report Filing papers, I was unaware of the deadline for submitting the report/paying the Annual Fee. Please allow me to submit the original fee of \$150.00 to allow my Corporation to Continue operating legally in the State of Florida.

Thank you in advance for your cooperation in this matter. I assure you that the Next year filing will be on time.

Respectfully,   
Marjorie H. Griffith  
President