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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sylvia B. McMain
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S87204 (1)

1. Corporation Name

GIFFORD'S SEWING AND VACUUM CENTER, INC.

Principal Place of Business

**2120 BEE RIDGE RD.
SARASOTA FL 34239**

Mailing Address

**2120 BEE RIDGE RD.
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 02/01/1994
4. FEI Number 65-0289884	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	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 City	28 City
24 Country	29 Country
25 Zip	30 Zip

9. Name and Address of Current Registered Agent

**GIFFORD, DAVID J.
2120 BEE RIDGE ROAD
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

By _____, Agent or person in charge of the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GIFFORD, DAVID J.	1.2 NAME	
STREET ADDRESS	2120 BEE RIDGE ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report in truth and accuracy and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of filing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or in an addition to either an officer or director.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2-24-95

(813) 923-5044