

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 24 AM 11:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 325225 (1)**

**1. Corporation Name  
COWGER'S TOY AND HOBBY SHOP, INC.**

**Principal Place of Business Mailing Address**  
**2721 S. US #1 2721 S US. #1**  
**STE. 22 STE 22**  
**FORT PIERCE FL 34982 FORT PIERCE FL 34982**  
**US US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 01/17/1968** **3a. Date of Last Report 04/29/1994**  
**4. FEI Number NOT APPLICABLE** **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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 25 29 30**

**9. Name and Address of Current Registered Agent**  
**COWGER, LEO M., JR**  
**2721 S. US #1**  
**STE. 22**  
**FT PIERCE FL 34982**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City FL 85 Zip Code**

**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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>COWGER, DOROTHY E</b>
<b>STREET ADDRESS</b>	<b>2503 OLEANDER</b>
<b>CITY - ST - ZIP</b>	<b>FT. PIERCE FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>COWGER, LEO M JR.</b>
<b>STREET ADDRESS</b>	<b>8633 LONESOME PINE TRAIL</b>
<b>CITY - ST - ZIP</b>	<b>FT. PIERCE FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>COWGER, NORMA L</b>
<b>STREET ADDRESS</b>	<b>8633 LONESOME PINE TRAIL</b>
<b>CITY - ST - ZIP</b>	<b>FT. PIERCE FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>COWGER, DOROTHY E.</b>	
<b>1.3 STREET ADDRESS</b>	<b>2503 OLEANDER</b>	
<b>1.4 CITY - ST - ZIP</b>	<b>FT. PIERCE, FL 34982</b>	
<b>2.1 TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>COWGER, LEO M, JR.</b>	
<b>2.3 STREET ADDRESS</b>	<b>8633 LONE SOME PINE TEL.</b>	
<b>2.4 CITY - ST - ZIP</b>	<b>FT. PIERCE, FL 34945</b>	
<b>3.1 TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>COWGER, NORMA L.</b>	
<b>3.3 STREET ADDRESS</b>	<b>8633 LONE SOME PINE TRAIL</b>	
<b>3.4 CITY - ST - ZIP</b>	<b>FT. PIERCE, FL 34945</b>	
<b>4.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>		
<b>4.3 STREET ADDRESS</b>		
<b>4.4 CITY - ST - ZIP</b>		
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**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)(b), 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: Norma L. Cowger NORMA L. COWGER 4-19-95 4074614620**  
(Signature) (Typed Name) (Date) (Telephone Number)