FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 4/30

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834552 (2)

1. Corporation Name

TANDYCRAFTS, INC.

Principal Place of Business	Mailing Address
1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140	1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/20/1975
3a. Date of Last Report: 04/18/1994
4. FEI Number: 75-1475224 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If new Registered Agent, signature required above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	SANDLIN, JOHN V.	12 NAME	
STREET ADDRESS	1400 EVERMAN PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, JIM D.	22 NAME	
STREET ADDRESS	1400 EVERMAN PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH, TX 0	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, CAROL	32 NAME	
STREET ADDRESS	1400 EVERMAN PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH, TX 0	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHUTTS, R.	42 NAME	
STREET ADDRESS	2720 CULLEN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH, TX 00000	44 CITY-ST-ZIP	
TITLE	VPS	51 TITLE	☐ Change ☐ Addition
NAME	WALSH, M. J.	52 NAME	
STREET ADDRESS	1400 EVERMAN PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH, TX 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] 4-20-95 817-551-9604
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0480692 FP