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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

F01750

(1)

BIG TOY, INC.

## FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 689 - 1ST AVENUE NORTH 669 - 1ST AVENUE NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2348611 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Žip Country Žip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name LANG, JOSEPH H. 4173 85TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33709 63 84 City Zip Code 9502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11, Pursuant to the prov take of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by ligations of, Section 607.0505, Florida Statutes. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) D DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AN 13. DELETE Change Addition TITLE 11 TITLE LANG, ROBERT NAME 1.2 NAME 4173 N 85 ST STREET ADDRESS 1.3 STREET ADDRESS ST PETE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change Addition TITLE 2.1 TITLE LANG, JOSEPH H NAME 2.2 NAME 4173 85TH ST N STREET ADDRESS 2.3 STREET ADDRESS STPETE, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE **VPD** 3.1 TITLE LANG, ELSIE O NAME 3.2 NAME STREET ADDRESS **4173 85TH ST NORTH** 3.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplied entail 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 of the director of the corporation of the process of the proce Block 12 or Block 13 if changed, of on ap of with an address

**SIGNATURE:** 

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