

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:32

DOCUMENT # F93000001546 (1)

1. Corporation Name
HOBBY TOWN UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5900 SOUTH 58TH SUITE P LINCOLN NE 68516 US	Mailing Address 5900 SOUTH 58TH SUITE P LINCOLN NE 68516 US
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3. Date Incorporated or Qualified 03/30/1993	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business 21 6301 South 58th	2a. Mailing Address 26 6301 South 58th		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Lincoln NE	28 City & State Lincoln NE		
24 Zip 68516	25 Country	29 Zip 68516	30 Country

4. FEI Number 47-0694669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 PINE ISLAND ST.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 of current registered agent and the corporation Signature of new registered agent Signature of officer or director

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	HAYES, MERLIN P
STREET ADDRESS	12801 YANKEE HILL RD.
CITY, ST, ZIP	BENNET NE 68317
TITLE	DVC
NAME	WALLA, THOMAS A
STREET ADDRESS	6021 SOUTH 52ND ST. COURT
CITY, ST, ZIP	LINCOLN NE 68516
TITLE	VP
NAME	WALLA, THOMAS A
STREET ADDRESS	6021 SOUTH 52ND ST. COURT
CITY, ST, ZIP	LINCOLN NE 68516
TITLE	ST
NAME	HAYES, MARY E
STREET ADDRESS	12801 YANKEE HILL RD.
CITY, ST, ZIP	BENNET NE 68317
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(B), Florida Statutes. I further certify that the information included 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: *Mary E Hayes* **MARY E. HAYES** **4/24/95** **402-434-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.