FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001546 (1)

HOBBY TOWN UNLIMITED, INC.

Principal Place of Business 6301 S. 58TH LINCOLN NE 68516 Mailing Address

6301 S 58TH LINCOLN NE 68510

FILED Apr 07 1998 8:00am Secretary of State



LINCOLN NE 68516 US		LINCOLN NE 68516 US					DO NOT WRITE IN THIS SPACE					
-						f		orated or Qualified				
6 Di-1-1-15							03/30/19			1 1.		
	Principal Place of Business 26. Mailing Addre						4. FEI Number			· ·	oplied For	
21	4	Suite Anii 4 ste					47-069	4009			ot Applicable	
Suite, Apt.		Suite, Apl. #, etc.					6. Certificate o	f Status Desired		·	Additional equired	
City & State	9	City & State				6. Election Car	mpaign Financing		\$5.00	May Be		
23							Trust Fund (Contribution		Added	to Fees	
Zip	Country	Zφ		Country		Ī		ation owes or has p	_			
24	[25]	29	30			L		operty Tax due Jur			No No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM					Name							
1200 PINE ISLAND ST.					Street .	Address	(P.O. Box Num	ber is Not Accepta	able)			
PLANTATION FL 33324				Ш			·	· · · · · · · · · · · · · · · · · · ·	·			
l				83								
				84	City					85 Zip	Code	
									FL			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607,1508, Florida Statut	tos, the	above	-named	corpora	tion submits this	s statement for the	purpose of	changing it	s registered	
agent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Sta	atutes		MINIT	s board or direc	ZIOIS. (TIEREDY ACC	ept the app	on little in as	registered [
SIGNATURE												
					egistered Apont signature req			SULVIORO TO OFF	DA1£	DIDECTOR	50 11 40	
12.	OF LICERS AND DIRECTORS DCP DELETE			13.		т	ADDITIONS/C	CHANGES TO OFF		Change	Addition	
1	HAYES, MERLIN P			1.1 TITLE						X-1 Change	L Addition	
NAME	12801 YANKEE HILL RD.			1.2 NAME								
STREET ADDRESS			1			1		58th St	reet		ļ	
CITY-ST-ZIP	DVC DELETE			1.4 CHY-ST-ZIP		Lin	coln NE	<u>68516</u>			171	
TITLE		☐ DELETE		2.1 TITLE						☐ Change	Addition	
NAME	WALLA, THOMAS A			NAME							1	
STREET ADDRESS	6021 SOUTH 52ND ST. COUP	• •		2.3 STREET ADDRESS		Į.						
CITY-ST-ZIP	LINCOLN NE 68516				2. 4 CITY-ST-ZIP					T 7 2:		
TITLE	VP DELETE			TITLE						☐ Change	Addition	
NAME	WALLA, THOMAS A			3.2 NAME								
STREET ADDRESS	6021 SOUTH 52ND ST. COUP	{	3.3	STREET	ADDRESS							
CITY-ST-ZIP	LINCOLN NE 68516			CITY-S	T-ZIP							
TITLE	ST	☐ DELETE		TITLE					:	Change	Addition	
NAME	HAYES, MARY E		4 2	NAME								
STREET ADDRESS	12801 YANKEE HILL RD.		4.3	STAEET	ADDRESS	630	l South	58th St	reet			
CITY-ST-ZIP	BENNET NE 68317			4.4 CITY - ST - ZIP		Lin	coln NE	68516				
TITLE		☐ DELETE	5.1	TITLE						☐ Change	Addition	
NAME			5?	NAME	I.						j	
STREET ADDRESS			5.3	STREET	ADDRESS							
CITY-ST-ZIP				5.4 CITY - ST - ZIP								
TITLE	DELETE			6.1 TITLE						Change	☐ Addition	
NAME			6.2	NAME	ļ							
STREET ADDRESS			63	STREET	ADDRESS	\						
CITY-ST-ZIP			6.4	CITY-S	1 - ZIP							
14. I hereby o	certify that the information supplied wi	th this filing does not qualify f	or the e	xemp'	ion state	d in Se	ction 119.07(3)(i	i), Florida Statutes.	I further ce	rtify that the	information	

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 1.19.07(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 earl; that I am an officer or director of the corporation or the receiver or frustee 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

Mary F. Have

R2E034 (10/