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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000001859 (7) 1. Corporation Name ENJOYABLE PRODUCTIONS, INC.			
Principal Place of Business P.O. BOX 855 LAKE OZARK MO 65049		Mailing Address P.O. BOX 855 LAKE OZARK MO 65049	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Incorporation 21 PO Box 855 State, Apt. # etc. 22 Orange Beach, MO City & State 23 65065 Zip		2a. Mailing Address 26 PO Box 855 State, Apt. # etc. 27 City & State 28 Orange Beach, MO City & State 29 65065 Zip 30 United States	
3. Date Incorporated or Qualified 04/12/1994		3a. Date of Last Report Applied For Not Applicable	
4. FEI Number 43-1668966		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 enterprise tax under S. 199.012, Florida Statutes. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1206 S. PINE ISLAND RD. PLANTATION FL 33324		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 607.06(1) and 607.15(1)(B), 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 607.06(1), Florida Statutes.			
SIGNATURE _____ By _____			
12. OFFICERS AND DIRECTORS TITLE PDS HARRISON, JEFFREY A STREET ADDRESS 3719 S. HWY 54 CITY, STATE, ZIP LAKE OZARK MO 65049 TITLE D MILLER, DARYL W STREET ADDRESS 3719 S. HWY 54 CITY, STATE, ZIP LAKE OZARK MO 65049		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995 1. TITLE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP 5. TITLE ☐ Change ☐ Addition 6. NAME 7. STREET ADDRESS 8. CITY, STATE, ZIP 9. TITLE ☐ Change ☐ Addition 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. TITLE ☐ Change ☐ Addition 14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP 17. TITLE ☐ Change ☐ Addition 18. NAME 19. STREET ADDRESS 20. CITY, STATE, ZIP	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.012(1)(b), Florida Statutes. I further certify that the information was obtained from the corporation's annual report or from a representative of the corporation and that my signature shall have the same legal effect as if made under oath. If any information is furnished for the corporation or the removal or addition of officers or directors, please provide the name and address of the person who furnished the information.			
SIGNATURE: Jeffrey A. Harrison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

4/28/95 (314)365-3115