FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L70221** **(1)**

1. Corporation Name

GREGORY'S TOYS & ADVENTURES OF ALBUQUERQUE, INC.

Principal Place of Business	Mailing Address
7018 SO. 400 W. SALT LAKE CITY UT 84047	7018 SO. 400 W. SALT LAKE CITY UT 84047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1990	3a. Date of Last Report: 03/21/1994
4. FEI Number: 85-0385684	☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6419 S. State Street	26 6419 S. State Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Murray, UT	City & State 28 Murray, UT
Zip 24 84107 / County 25 USA	Zip 29 84107 / County 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRANT, MOORE, SAPP, MACDONALD WELLS, P.A. 121 W. FORSYTH ST., SUITE 900 JACKSONVILLE FL 32301	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 607.0502 and 607.1008, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	GOHLINGHORST, GEORGE J.	NAME	
STREET ADDRESS	7018 SO 400 W	STREET ADDRESS	6419 S. State Street
CITY ST ZIP	MIDVALE VT	CITY ST ZIP	Murray, UT 84107
TITLE	D	TITLE	D ☒ Change ☒ Addition
NAME	GOHLINGHORST, H. MAURINE	NAME	McGillis, Mark R.
STREET ADDRESS	7018 SO 400 W	STREET ADDRESS	6419 S. State Street
CITY ST ZIP	MIDVALE VT	CITY ST ZIP	Murray, UT 84107
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	GOHLINGHORST, GREGORY A.	NAME	
STREET ADDRESS	7018 SO 400 W	STREET ADDRESS	6419 S. State Street
CITY ST ZIP	MIDVALE VT	CITY ST ZIP	Murray, UT 84107
TITLE	D	TITLE	D ☒ Change ☒ Addition
NAME	GOHLINGHORST, GARY J.	NAME	Sylvester, Charleen M.
STREET ADDRESS	7018 SO 400 W	STREET ADDRESS	6419 S. State Street
CITY ST ZIP	MIDVALE VT	CITY ST ZIP	Murray, UT 84107
TITLE		TITLE	D ☒ Change ☒ Addition
NAME		NAME	Stettler, David A.
STREET ADDRESS		STREET ADDRESS	6419 S. State Street
CITY ST ZIP		CITY ST ZIP	Murray, UT 84107
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this report is correct to the best of my knowledge and that I am authorized by Florida Statutes to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 801-268-3138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0470363 FP