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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:23

DOCUMENT # L97050 (3)

1. Corporation Name
KIDS KATTLE KOMPANY, INC.

Principal Place of Business	Mailing Address
~~5307 HICKORY DR.~~ ~~FT. PIERCE FL 34982~~	~~5307 HICKORY DR.~~ ~~FT. PIERCE FL 34982~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2410 Kelly Ct.	26 2410 Kelly Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Pierce FL.	City & State 28 Ft. Pierce FL.
Zip 24 34982 Country 25	Zip 29 34982 Country 30

4. FEI Number: 65-0234348 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ROGERS, TAMMY K~~ ~~5307 HICKORY DR~~ ~~FT. PIERCE FL 34982~~	01 Name: DANIEL KING 02 Street Address (P.O. Box Number is Not Acceptable): 2410 Kelly Ct. 03 04 City: Ft. Pierce FL 05 Zip Code: 34982

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: Daniel R. King DATE: 2-14-95
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KING, DANIEL	12 NAME	
STREET ADDRESS	2410 KELLY COURT	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEAVER, TONI	22 NAME	
STREET ADDRESS	2325 SW INDEPENDENCE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~ROGERS, TAMMY~~	32 NAME	
STREET ADDRESS	~~5307 HICKORY DR.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~FT. PIERCE FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Daniel R. King 2-14-95 (407)466-1507
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR TITLED OFFICER OR DIRECTOR — Date — Daytime Phone Number

0370714 CP