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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P93000033126 (2)

TAILGATE TOYS, INC.

TAILG	AIE 1015, INC.									
Principal Place	e of Business	М	ailing Address				A CODECADE JOS FOLD REALE ADDRES DON) 1089 (JAN) 11	JIB 11010 0111 1001
3831 W VIN	E ST		PO BOX 691862 ORLANDO FL 32869							
KISSIMMEE FL 34741			US				3. Date Incorporated or Qualified	3a . Da	te of Last F	Report
US						05/04/1993	04/19/1995			
·	lace of Business		2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-3178004			Not Applicabl
2			27				5. Certificate of Status Desired See Require			
City & State	e		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28	· - _ ·· · · · · · · · · · · · · · · · · ·				Trust Fund Contribution		Adde	ed to Fees
Zip	Country 25	29	Zip	30 Co	untry		8. This corporation has liability for Florida Statutes ☐ Yes	intangible No	tax under s	199.032,
24	9. Name and Address of Curre		stered Agent	30	T		10. Name and Address of New F		Agent	
					81	Name				
JONES.	, DWAYNE				82	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
3831 WEST VINE STREET KISSIMMEE FL 34741							as (10. Eax Harrison & Hot Pecopitatio)			
					83					
					84	City		FI	85 Z	ip Code
11 Purcuant t	to the provisions of Sections 607.050	2 and 60	7 1508 Florida Statute	ae tha ah		amed cornors	tion submits this statement for the nu		 	registered offic
familiar w	red agont, or both, in the State of Flor th, and accept the obligation of, Sec WAND Signature typed or printed plane of gustered agen	tion 607. Land title if	.0505, Florida Statutes VICE applicable NO	PRE.	۲۷	XEV7 t signature required	when reinstating)	4/6	14/91	6
12.	OFFICERS AN	ID DIREC	TORS DELETE	13.	7171 F		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE NAME	D Jones, Dwayne		☐ perese	1. 1 T					☐ Change	Addition
STREET ADDRESS	3831 WEST VINE STREET					ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34741				ITY-S	ŀ				
TITLE	D			2. 1 TITLE				Change	Addition	
SMAN	JONES, DIANE				AME					
STREET ADDRESS	3831 WEST VINE STREET			2.3 S	TREET	ADDRESS				
CITY-ST-7IP	KISSIMMEE FL 34741	<u>.</u>	□ DC(ETE		ITY - S	1 - ZIP			["] Chases	["] Addition
TITLE NAME			☐ DELETE	3. 11 3.2 N					Change	☐ Addition
STREET ADDRESS						ADDRESS				
CITY-ST-7IP					ITY-S					
TITLE			☐ DELETE	4.11			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME				4.2 N	AME					
STREET ADDRESS				43S	TREET	ADDRESS				
CITY - ST - ZIP				440	ITY-S	T-ZIP				
TIFLE			DELETE	5 1 1					Change	☐ Addition
NAME				52 N						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE			ITY-SI ITLE	1 - ZIP			Change	Addition
NAME			Docene	62 N						☐ vaccini
STREET ADDRESS				ľ		ADDRESS				
CITY-ST-ZIP					TY-\$1					
14. I do hereb	by certify that the information supplied			ished and	does	not qualify for				
oath; that	t the information indicated on this ann I am an officer or director of the corp n Block 12 or Block 13 if changed, or	oration of	r the receiver or trustee	e empowe	is tru red t	e and accurate o execute this	e and that my signature shall have the report as required by Chapter 607, Fa	same lega orida Statu	ы епест a s ites; and th	i made under at my name

SIGNATURE:

SIGNATURE NO TYPE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

941-678-9434 Daytare Phote #