

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000044990 (8)**

1. Corporation Name

JUMBO FUN, INC.

Principal Place of Business

4071 L.B. MCLEOD RD.
SUITE E
ORLANDO FL 32811
US

Mailing Address

4071 L.B. MCLEOD RD.
E
ORLANDO FL 32811
US



2. Principal Place of Business

21 **4085 L.B. McLeod Rd.**

Suite, Apt. # etc.

22 **Suite A**

City & State

23 **Orlando FL**

Zip

24 **32811**

Country

25 **US**

26 **4085 L.B. McLeod Rd.**

Suite, Apt. # etc.

27 **Suite A**

City & State

28 **Orlando FL**

Zip

29 **32811**

Country

30 **US**

9. Name and Address of Current Registered Agent

**MC GUIRE, KAREN M
11904 ELBERT ST
CLERMONT FL 34711**

3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last Report 01/25/1995
4. FEI Number 59-3184791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired Q	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Q Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Karen M. Johnson	
82 Street Address (P.O. Box Number is Not Acceptable) 819 Chestnut St.	
83	
84 City Clermont	
FL	85 Zip Code 34711

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

Karen M. Johnson

Karen M. Johnson

1/17/96

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

1.1 TITLE VP	<input type="checkbox"/> DELETE	1.2 NAME MC GUIRE, KAREN M	1.3 STREET ADDRESS 608 S. MAIN ST. #31	1.4 CITY-ST-ZIP CLERMONT FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Johnson, Karen M. 819 Chestnut St. Clermont, FL 34711</i>
2.1 TITLE P	<input type="checkbox"/> DELETE	2.2 NAME JOHNSON, DARREN	2.3 STREET ADDRESS 608 S. MAIN ST. #31	2.4 CITY-ST-ZIP CLERMONT FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>819 Chestnut St. Clermont, FL 34711</i>
3.1 TITLE	<input type="checkbox"/> DELETE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> DELETE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> DELETE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> DELETE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Karen M. Johnson, Karen M. Johnson* *1/17/96* *407-648-1133*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1133

Daytime Phone #

CR2E034 (12/95)