

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 06

DOCUMENT # P94000004228 (0)

1. Corporation Name
STORY HOUR, INC.

Principal Place of Business
324 PARK AVENUE NORTH
WINTER PARK FL 32789

Mailing Address
324 PARK AVENUE NORTH
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3217071

Applied For
Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, THOMAS P
200 S. ORANGE AVENUE
SUITE 1220
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 1205
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WILLIAMSON, KATHRYN
STREET ADDRESS	324 PARK AVENUE NORTH
CITY- ST- ZIP	WINTER PARK FL 32789
TITLE	D
NAME	GESUMARIA, JEANNIE
STREET ADDRESS	324 PARK AVENUE NORTH
CITY- ST- ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Kathryn W. Williamson*
KATHRYN W. WILLIAMSON
1/27/95 (407) 628-8336