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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000025814 (2)**

1. Corporation Name
FANTASY FACE PAINTING, INC.

Principal Place of Business	Mailing Address
432 SHADY OAKS CAMP ST. LAKE WALES FL 33853	432 SHADY OAKS CAMP ST. LAKE WALES FL 33853-6873

2. Principal Place of Business 21 1119 PAM DR.	2a. Mailing Address 26 1119 PAM DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BRANDON FL	City & State 28 BRANDON FL
Zip / Country 24 33510 / 25 HILLSBORO.	Zip / Country 29 33510 / 30 HILLSBORO

3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3233682	☐ 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

JOHNSON, JOYCE B.
432 SHADY OAKS CAMP ST.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name JOYCE B. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 1119 PAM DR
83
84 City BRANDON FL 85 Zip Code 33510

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, LEWIS L JR. 432 SHADY OAKS CAMP ST. LAKE WALES FL 33853	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P LEWIS L. JOHNSON, JR 1119 PAM DR. BRANDON FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JOYCE B 432 SHADY OAKS CAMP ST. LAKE WALES FL 33853	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/VP JOYCE B. JOHNSON 1119 PAM DR. BRANDON, FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, M. ANGELA 432 SHADY OAKS CAMP ST. LAKE WALES FL 33853	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/T M. ANGELA JOHNSON 1119 PAM DR. BRANDON, FL 33510	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] JOYCE B JOHNSON 4/30/97 813 621-0079