

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 # P94000048410 (2)

1. Corporation Name

JOHNSON AND COLLIER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

DBA KIDS KINGDOM  
710 W. CENTRAL AVENUE  
BLOUNTSTOWN FL 32424  
US

710 W. CENTRAL AVENUE  
BLOUNTSTOWN FL 32424  
US

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3283258

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLIER, BARBARA H.  
222 E. SHERRY AVENUE  
BLOUNTSTOWN FL 32424

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Barbara H. Collier*

Barbara H. Collier Director/Co-Owner

DATE

4-30-96

(Signature, typed or printed name of registered agent and to whom applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JOHNSON, AMY C.  
STREET ADDRESS RT. 2, BOX 814  
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE VP ☐ DELETE

NAME JOHNSON, TODD A.  
STREET ADDRESS RT. 2 BOX 814  
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE VP ☐ DELETE

NAME COLLIER, MARK D.  
STREET ADDRESS 222 EAST SHERRY AVE.  
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE ST ☐ DELETE

NAME COLLIER, BARBARA  
STREET ADDRESS 222 EAST SHERRY AVE.  
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

*Barbara H. Collier*

Barbara H. Collier

Date

Daytime Phone #

904-674-1474

CR2E034 (12/95)