

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 10 1997 8:00am
Secretary of State

DOCUMENT # P94000048410 (2)

1. Corporation Name

JOHNSON AND COLLIER ENTERPRISES, INC.

Principal Place of Business

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

Mailing Address

710 W. CENTRAL AVENUE
BLOUNTSTOWN FL 32424-1912
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3283258

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

10. Name and Address of New Registered Agent

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
Signature, type the printed name of registered agent and title if applicable.

Barbara H. Collier, GT
(NOTE: Registered Agent signature required when reinstating)

04-07-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, AMY C.	
STREET ADDRESS	RT. 2, BOX 814	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, TODD A.	
STREET ADDRESS	RT. 2 BOX 814	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLLIER, MARK D.	
STREET ADDRESS	222 EAST SHERRY AVE.	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLLIER, BARBARA	
STREET ADDRESS	222 EAST SHERRY AVE.	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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:

Amy C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97
Date

904-674-4474
Daytime Phone #

0084475

CR2E034 (9/96)