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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048410 (2)

JOHNSON AND COLLIER ENTERPRISES, INC.

Principal Place of Business Mailing Address **DBA KIDS KINGDOM** 710 W. CENTRAL AVENUE 710 W. CENTRAL AVENUE **BLOUNTSTOWN FL 32424** DO NOT WRITE IN THIS SPACE **BLOUNTSTOWN FL 32424** 3. Date Incorporated or Qualified 06/24/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3283258 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name COLLIER, BARBARA H. 222 E. SHERRY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) BLOUNTSTOWN FL 32424 83 84 City Zip Code 85 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 w 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition JOHNSON, AMY C. NAME 1.2 NAME RT. 2, BOX 814 STREET ADDRESS 1.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 21 TITLE NAME JOHNSON, TODD A. 22 NAME STREET ADDRESS RT. 2 BOX 814 2.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY-SI-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE COLLIER, MARK D. NAME 3.2 NAME 222 EAST SHERRY AVE. STREET ADDRESS 3.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition COLLIER, BARBARA NAME 4. 2 NAME 222 EAST SHERRY AVE. STREET ADDRESS 4.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME

14. I 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: 10000000 XI MI PORTONO H Callier and DO OR OFFICE INCHINATION

CR2E034 (10/97)

Change

Addition

FILED

Apr 16 1998 8:00am

Secretary of State