

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION REPORT
1995

APPROVED
AND
FILED

MAY 11 AM 10:00

DOCUMENT # **P94000071965 (5)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOBY'S TOY BOX, INC.

Principal Office Address
4255 AURORA RD
MELBOURNE FL 32934

Meeting Address
4255 AURORA RD
MELBOURNE FL 32934

3. Filing Date: 09/27/1994
3B. Filing Date Report

4. Filing Fee: 54-321111
Applied For: Not Applicable
5. Contribution Status Desired: \$8.75 Additional Fee Required
6. Electronic Campaign Financing / Trust Fund Contributions: \$5.00 May Be Added to Fees
7. This corporation has authority for electronic filing of reports: Yes No

2. Filing Agent Information
21. Filing Agent Name
22. Filing Agent Address
23. Filing Agent City
24. Filing Agent State
25. Filing Agent Zip
26. Meeting Address
27. Meeting Address
28. Meeting City
29. Meeting State
30. Meeting Zip

9. Name and Address of Current Registered Agent
**CHANCEY, JAMES S
4255 AURORA RD
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. State (FL)
B6. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation appoints the above named individual as registered agent for the corporation and authorizes the corporation to accept the appointment as registered agent for the corporation with effect from the filing date of this report to the Florida Department of State.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	D CHANCEY, STACY
2. STREET ADDRESS	4255 AURORA RD
3. CITY	MELBOURNE FL 32934
4. NAME	D CHANCEY, JAMES S
5. STREET ADDRESS	4255 AURORA RD
6. CITY	MELBOURNE FL 32934
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that this information is correct and true to the best of my knowledge and belief, and I am not aware of any information that would cause this information to be incorrect or misleading.

SIGNATURE: **Stacy Chancey**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

4-29-95 255-0980