FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** CHE STO. ELODIDA DEGADINENT OF STATE



	RPORATION UAL REPORT 1996	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State CORPOHATIONS		
1. Corporatio	MENT # P9500(on Name OY'S TOY INC.	0049633 (7	")) (\$20/41) 216 (\$16/6) \$(((((ab))) ab) (\$1	IJI 281Y 2011 Alain Sana Bhar bhar an cha
Principal Place	e of Business	Mailing Address			
12073 COB	BLEWOOD LANE NORTH ILLE FL 32225	12073 COBBLEWOOD JACKSONVILLE FL 323	LANE NORTH 225		
				 Date Incorporated or Qualified 06/20/1995 	3a. Date of Last Report 95
2. Principal Place of Business 21 /2 073 Cobblewood FA36 /2073 Cobb Suite, Apt. #, etc.			blewood FA	4. FLI Number	Applied For Not Applicable
City & State		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 7	Y F/K	City & State 28	= (Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 327	2 25 25 Quual 9. Name and Address of Current F	29 3 22 2 5 egistered Agent	30 Ouval	This corporation has liability for Florida Statutes Name and Address of New Florida	intangible tax under s 199.032, ☐ No
HARRISON, DAVID W 12073 COBBLEWOOD LANE NORTH JACKSONVILLE FL 32225 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to or registered agent, or both, in the State of Florida Such change was authorized the familiar with, and accept the obligations of, Sections 607.0505. Florida Statutes			83 84 Gity	ress (P.O. Box Number is Not Acceptab	85 Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Florida th, and accept the obligations of, Section Daw W Has Stynature, typed or printed name of registered agent and	user Pro	by the corporation's boa		pose of changing its registered office pintment as registered agent. I am
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, DAVID W 12073 COBBLEWOOD LANE N JACKSONVILLE FL 32225	C) DETETE	1. 1 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CTY-S1-ZiP		CERS AND DIRECTORS IN 12 Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harrison, John R 10645 Stone Road Jacksonville FL 32210	DELETE	2 1 THE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DECESE	3.1 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY+S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	5 1 TITLE 52 NAME 53 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 - S1 - ZIP		Change Addition

14. Ido 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 6-1-96 904-791-7689

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