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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
-DADDY'S TOY INC.

P95000049633 (7)

Principal Place of Business

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



12073 COBBLEWOOD LANE NORTH JACKSONVILLE FL 32225				12073 COBBLEWOOD LANE NORTH JACKSONVILLE FL 32225				DO NOT WRITE IN TH	iie ebac	٠E			
								3. Date Incorporated or Qualified 06/20/1995	IS SPAC	<u> </u>			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ar	oplied For		
21			26	· • · · · · · · · · · · · · · · · · · ·				59-3352492			ot Applicable		
22			27	27				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	e 		28	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	-		Z _I p		30 Cou	ntry		This corporation owes or has paid the Personal Property Tax due June 30.	current y		langible] No		
	9. Name	and Address of Cu	rrent Registered	Agent				10. Name and Address of New Register	ed Agen	t			
	Principal Place of Business 2a. Mailing Address 2a. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc. 2city & State 2city & Stat			81	Name								
						82	Street Ac	Idress (P.O. Box Number is Not Acceptable)					
						83							
						84	City		EL 85	Zip	Code		
11. Pursuant	to the provision	ons of Sections 607	.0502 and 607.150	8, Florida Statu	tes, the at	avoc evel b	named co			nging it	ts registered		
agent. I a	m fam iliar wit	h, and accept the o	bligations of, Secti	ion 607.0505, Fi	orida Stat	utes).	ration's board or directors. Thereby accept the a	фронил	iciii as	registered		
SIGNATURE													
12.	Signature, typed o				I 13.	A A Q e	nt signature red	ADDITIONS/CHANGES TO OFFICERS A		FCTOF	RS IN 12		
TITLE	0				1.1 11	TLE				Change	☐ Addition		
NAME	HARRIS	ON, DAVID W			1.2 NA	ME				•			
*					1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	JACKSO	NVILLE FL 3222!	5		1.4 CI	TY-S	1 - ZIP						
TITLE	, –			DELETE	2.1 (1)	TLE				Change	Addition		
NAME					2.2 NA	ME							
STREET ADDRESS					2.3 \$T	REET	ADDRESS						
CITY-ST-ZIP	JACKSO	NYLLE FL 32210)		2. 4 C	ITY-S	T-ZIP						
TITLE				☐ DELETE	3.1 10	ΓLE			□ 0	hange	Addition		
NAME					3.2 NA	ME							
STREET ADDRESS					3.3 ST	REET	ADDRESS						
CITY-ST-ZIP				1 000 000	3.4. C		T- 2IP						
TITLE				☐ DEFEIF	4.1 10					Change	Addition		
NAME					4. 2 N								
STREET ADDRESS							address						
CITY-ST-ZIP	- <u>-</u> -			DELETE	4.4 CI		T-ZIP			hange	Addition		
TITLE	İ			I'T NETEKE	5.1 Tri					л анус	Addition		
NAME .	,				5.2 NA		PODDEDO.						
-	•						ADDRESS .						
CITY-ST-ZIP TITLE				DELETE	5.4 CI		1 - ZIP		<u> </u>	hange	Addition		
NAME				C Differe	6.2 NA						- Agonion		
STREET ADDRESS							ADDRESS						
										_	/		
CITY-ST-ZIP	sautifu that the	information aumalia	al college state different al-	and and availed	6.4 Cl	17-51	I-ZIP	in Continue 140 07(2VI) Final Continue 1 further			1-5		

remove versity that the information supplied with this hing does not quality 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 eath; 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.

CICALATUDE.