PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049633

DADDY'S TOY INC.

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90125 020 ***150.00



Mailing Address Principal Place of Business 12073 COBBLEWOOD LANE NORTH 12073 COBBLEWOOD LANE NORTH JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/20/1995 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 59-3352492 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zıp This corporation owes the current year Intangible Zib []No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARRISON, DAVID W Street Address (P.O. Box Number is Not Acceptable) 12073 COBBLEWOOD LANE NORTH JACKSONVILLE FL 32225 83 Zip Code 84 City 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 INOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. ☐ Change 🔲 DELETE 1: TITLE D TITLE HARRISON, DAVID W 1.2 NAME NAME 12073 COBBLEWOOD LANE NORTH 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZiF CITY-ST-ZIP □ DELETE Change noitibb | 2.1 TITLE TITLE HARRISON, JOHN R 2.2 NAME NAME 10645 STONE ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 2 4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 C4TY-ST-ZIP CITY-ST-ZIP ___ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition ☐ Change [] DELETE 5 1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$T - ZIP CITY-ST-ZIP 61 THUE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

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, with all other like empowered

SIGNATURE: _

OR DIRECTOR

3-8-99 904-141-6298

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