

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037088 (7)

1. Corporation Name

FRANK'S TRAINS & HOBBIES, INC.



Principal Place of Business

Mailing Address

~~202 FAIRBANKS DRIVE~~
~~CLEARWATER FL 34624~~

~~202 FAIRBANKS DRIVE~~
~~CLEARWATER FL 34624~~

110 PINE AVE. S.
OLDSMAR FL 34677

110 PINE AVE S
OLDSMAR FL

3. Date Incorporated or Qualified

04/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 110 PINE AVE S

2a. Mailing Address

26 110 PINE AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OLDSMAR FL

Zip Country

24 34677 25 USA

27 City & State

28 OLDSMAR FL

Zip Country

29 34677 30 USA

4. FEI Number

59-3380219

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

JACKSON, FRANK
1724 LAWRENCE DRIVE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 when reinstating)

DATE

3-31-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARRY, DEBBIE
STREET ADDRESS 2429 FAIRBANKS DRIVE
CITY - ST - ZIP CLEARWATER FL 34624

TITLE DV
NAME JACKSON, MARK
STREET ADDRESS 2429 FAIRBANKS DRIVE
CITY - ST - ZIP CLEARWATER FL 34624

TITLE STD
NAME JACKSON, SUZANE
STREET ADDRESS 2429 FAIRBANKS DRIVE
CITY - ST - ZIP CLEARWATER FL 34624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Frank W Jackson FRANK JACKSON

9-31-97

855-1041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)