FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:18

DOCUMENT # S35596 (3)

1. Corporation Name
FULL HOUSE CREATIVE GROUP, INC.

Principal Place of Business	Mailing Address
~~500 EAST DAVIS BLVD. TAMPA FL 33606~~ 550 N. Reo St. Suite 300 Tampa, FL 33609	~~500 EAST DAVIS BLVD. TAMPA FL 33606~~ 550 N. Reo St, Suite 300 Tampa, FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1991	3a. Date of Last Report: 05/11/1994
4. FEI Number: NOT APPLICABLE	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 550 No. REO St.	26 550 No. REO St.
22 Suite 300	27 Suite 300
23 TAMPA, FLA	28 TAMPA, FLA.
24 33609	25 Country Hillsborough
29 33609	30 Country Hillsborough

9. Name and Address of Current Registered Agent

~~ROBINSON, JERRY~~
~~500 EAST DAVIS BLVD.~~
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent

81 Name: John F. WENDEL
82 Street Address (P.O. Box Number is Not Acceptable): 5300 SOUTH FLORIDA AVE.
83
84 City: LAKELAND FL 85 Zip Code: 33813

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: JOHN F WENDEL John F. Wendel MARCH 1, 1995
Signature, typed or printed name of registered agent and title if applicable — Cert. Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JERRY	12 NAME	
STREET ADDRESS	205 WEST CREST AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NOVAK DALE	22 NAME	
STREET ADDRESS	4320 SOUTH ANITA BLVD	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONES, PATRICIA	32 NAME	
STREET ADDRESS	1103 BRIGHTON WAY	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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: Patricia Jones PATRICIA JONES MARCH 1, 1995 813/287-5092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302076 CP