FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:58

DOCUMENT # V13663 (2)

1. Corporate Name
TOO MANY IDEAS, INC.

Principal Place of Business
2763 SOUTHWOOD LN
JACKSONVILLE FL 32217

Mailing Address
2763 SOUTHWOOD LN
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 02/12/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-3107960 — Applied For / Not Applicable

Suite, Apt. # — 22
Suite, Apt. # — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 — 25
Zip — 29 — 30

8. The corporation has assets for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEARD, GUY S.
2763 SOUTHWOOD LN
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned, upon submitting the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, hereby authorized to the corporate board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEARD, GUY S.
STREET ADDRESS	2763 SOUTHWOOD LN
CITY, ST	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Add/Delete
NAME	
STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Add/Delete
NAME	
STREET ADDRESS	
CITY, ST	
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STREET ADDRESS	
CITY, ST	
TITLE	☐ Change ☐ Add/Delete
NAME	
STREET ADDRESS	
CITY, ST	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is accurate, and that I am aware that pursuant to Section [illegible] Florida Statutes, I will be subject to a fine and/or imprisonment if I have willfully signed this report or any other document with the intent to defraud or mislead any person or agency, or if I have willfully signed this report or any other document knowing it to be false, misleading or incomplete in any material respect.

SIGNATURE: Linda M Beard — Linda M. Beard — 5/9/95 — 904-396-9245
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0015300 CF