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95 MAY -1 FILE 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carola B. Martinez
Secretary of State
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **V22313** (3)

GREGORY'S TOYS & ADVENTURES - HIGHLAND PLACE, IN C.

Principal Place of Business: 7018 SO 400 WEST SUITE 4 MIDVALE UT 84047 US
 Multiple Offices: 7018 SO 400 WEST SUITE 4 MIDVALE UT 84047 US

2. Principal Place of Business: 21 6419 S. State Street Salt Lake City, Utah 84107
 2a. Multiple Offices: 26 6419 S. State Street Murray, UT 84107
 23. Murray, UT 24 84107 25 USA 29 84107 30 USA

3. Date of Incorporation: 03/18/1992
 3a. Date of Last Report: 03/21/1994
 4. FEI Number: 87-0494623
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under S. 199 (U.S. Florida Statute): Yes No

9. Name and Address of Current Registered Agent: BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA STREET SUITE 3100 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent: FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.05, 607.06, and 607.07, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent or both in the State of Florida. Such change is authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS TO WHICH SECTION 607.05 AND 607.06 APPLY	
OFFICER	D NAME: GOHLINGHORST, GEORGE J. STREET ADDRESS: 7018 SO 400 WEST CITY, ST, ZIP: MIDVALE VT	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 6419 S. State Street Murray, UT 84107
OFFICER	D NAME: GOHLINGHORST, H. MAURINE STREET ADDRESS: 7018 SO 400 WEST CITY, ST, ZIP: MIDVALE VT	OFFICER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D McGillis, Mark R. 6419 S. State Street Murray, UT 84107
OFFICER	D NAME: GOHLINGHORST, GREGORY A. STREET ADDRESS: 7018 SO. 400 WEST CITY, ST, ZIP: MIDVALE VT	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 6419 S. State Street Murray, UT 84107
OFFICER	D NAME: GOHLINGHORST, GARY J. STREET ADDRESS: 7018 SO. 400 WEST CITY, ST, ZIP: MIDVALE VT	OFFICER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Sylvester, Charleen M. 6419 S. State Street Murray, UT 84107
OFFICER		OFFICER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Stettler, David A. 6419 S. State Street Murray, UT 84107
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that the corporation is in compliance with the provisions of Sections 607.05, 607.06, and 607.07, Florida Statutes, and that the information is true and correct as of the date of filing of this report. I am familiar with and accept the obligations of the Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *[Signature]* 5/1/95 801-268-3138
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR