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

APPROVED AND FILED
95 MAY -1 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22316 (6)

1. Corporation Name

GREGORY'S TOYS & ADVENTURES - FOOTHILLS, INC.

Principal Place of Business	Mailing Address
7018 SO 400 WEST SUITE 4 MIDVALE UT 84047 US	7018 SO 400 WEST SUITE 4 MIDVALE UT 84047 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 03/21/1994
4. FEI Number: 87-0494624 — 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 6419 S. State Street	26 6419 S. State Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Murray, Ut	City & State 28 Murray, Ut
Zip 24 84107 — Country 25 USA	Zip 29 84107 — Country 30 USA

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

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 607.0505 and 617.0505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	GOHLINGHORST, GEORGE J.	NAME	
STREET ADDRESS	7018 SO. 400 WEST	STREET ADDRESS	6419 S. State Street
CITY-ST-ZIP	MIDVALE VT	CITY-ST-ZIP	Murray, UT 84107
TITLE	D	TITLE	D [X] Change [X] Addition
NAME	GOHLINGHORST, H. MAURINE	NAME	McGillis, Mark R.
STREET ADDRESS	7018 SO 400 WEST	STREET ADDRESS	6419 S. State Street
CITY-ST-ZIP	MIDVALE VT	CITY-ST-ZIP	Murray, UT 84107
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	GOHLINGHORST, GREGORY A.	NAME	
STREET ADDRESS	7018 SO 400 WEST	STREET ADDRESS	6419 S. State Street
CITY-ST-ZIP	MIDVALE VT	CITY-ST-ZIP	Murray, UT 84107
TITLE	D	TITLE	D [X] Change [X] Addition
NAME	GOHLINGHORST, GARY J.	NAME	Sylvester, Charleen M.
STREET ADDRESS	7018 SO 400 WEST	STREET ADDRESS	6419 S. State Street
CITY-ST-ZIP	MIDVALE VT	CITY-ST-ZIP	Murray, UT 84107
TITLE		TITLE	D [X] Change [X] Addition
NAME		NAME	Stettler, David A.
STREET ADDRESS		STREET ADDRESS	6419 S. State Street
CITY-ST-ZIP		CITY-ST-ZIP	Murray, UT 84107
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 report or supplemental 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/1/95 — 801-268-3138

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