

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000001597 (1)**

1. Corporation Name
ART-LANDO, INC.

Principal Place of Business

**213 N MAGNOLIA AVE
ORLANDO FL 32801**

Mailing Address

**213 N MAGNOLIA AVE
ORLANDO FL 32801**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

**YERGEY, DAVID A JR.
211 N MAGNOLIA AVE
ORLANDO FL 32801**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Created

01/01/1994

3a. Date of Last Report

05/19/1995

4. FET Number

59-3216738

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

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 607.0405 and 607.1505, 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 approved 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 607.1505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**PD
LANDRY, CHARLES H
213 N MAGNOLIA AVE
ORLANDO FL 32801**

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

**STD
LANDRY, MARY J
213 N MAGNOLIA AVE
ORLANDO FL 32801**

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is true and correct, for the excepted statement in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is complete, true and correct 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 and the name and business address of each officer or director is included on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the attachment with an "X" mark.

SIGNATURE: *Mary Jane Landry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY-JANE LANDRY 3-29-96 107 4234088

CR2E034 (12/95)