

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 558870 (2)

1. Corporation Name
VAN ART, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

Principal Place of Business

822 SW 50TH WAY
GAINESVILLE FL 32607-3821
US

Mailing Address

822 SW 50TH WAY
GAINESVILLE FL 32607-3821
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/03/1978

3a. Date of Last Report

03/15/1994

4. FEI Number

59-1786565

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

21 4909 SW 10TH LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 4909 SW 10TH LANE

Suite, Apt. #, etc.

City & State

23 GAINESVILLE FL

Zip

24 32607-3874

Country

25 ALACHUA

City & State

28 GAINESVILLE FL

Zip

29 32607-3874

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

CASTNER, HARRY E.
822 SW 50TH WAY
GAINESVILLE FL 32607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4909 SW 10TH LANE

83

84 City

GAINESVILLE

FL

85 Zip Code

32607

10. Name and Address of New Registered Agent

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

(Signature of person or persons authorized to register agent and file application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CASTNER, HARRY E
STREET ADDRESS 822 SW 50TH WAY
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME CASTNER, CLAIRE J.
STREET ADDRESS 822 SW 50TH WAY
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME CASTNER, ARTHUR J
STREET ADDRESS 822 SW 50TH WAY
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4909 SW 10TH LANE

1.4 CITY-ST-ZIP

GAINESVILLE, FL 32607-3874

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

4909 SW 10TH LANE

2.4 CITY-ST-ZIP

GAINESVILLE, FL 32607-3874

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

4909 SW 10TH LANE

3.4 CITY-ST-ZIP

GAINESVILLE, FL 32607-3874

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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)(k), 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 as an attachment with an address.

SIGNATURE:

Harry E. Castner PRESIDENT HARRY E. CASTNER 2-10-95 904-335-7351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #