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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **558870** **(2)**

1. Corporation Name
VAN ART, INC.

Principal Place of Business	Mailing Address
4909 SW 10TH LANE **GAINESVILLE FL 32607-3874** **US**	**4909 SW 10TH LANE** **GAINESVILLE FL 32607-3874** **US**

3. Date Incorporated or Qualified: **02/03/1978**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business
21 5052 SW 9TH LANE
Suite, Apt. #, etc.
22
City & State
23 GAINESVILLE, FL
Zip 24 32607 Country 25 U.S.

2a. Mailing Address
26 5052 SW 9TH LANE
Suite, Apt. #, etc.
27
City & State
28 GAINESVILLE, FL
Zip 29 32607 Country 30 U.S.

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

9. Name and Address of Current Registered Agent

CASTNER, HARRY E.
4909 SW 10TH LANE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 5052 SW 9TH LANE
83
84 City GAINESVILLE FL 85 Zip Code 32607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CASTNER, HARRY E		1.2 NAME		
STREET ADDRESS	4909 SW 10TH LANE		1.3 STREET ADDRESS	5052 SW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CASTNER, CLAIRE J.		2.2 NAME		
STREET ADDRESS	4909 SW 10TH LANE		2.3 STREET ADDRESS	5052 SW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CASTNER, ARTHUR J		3.2 NAME		
STREET ADDRESS	4909 SW 10TH LANE		3.3 STREET ADDRESS	5052 SW 9TH LANE	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 on an attachment with an address.

SIGNATURE: [signature] PRESIDENT HARRY E CASTNER 2/28/97 352-335-7351