FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H22404** **(8)**

1. Corporation Name

ALBERTSON-PETERSON GALLERY, INC.

Principal Place of Business	Mailing Address
329 PARK AVE. S. WINTER PARK FL 32789	329 PARK AVE. S. WINTER PARK FL 32789

3. Date Incorporated or Qualified: **09/24/1984**
3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-2475023** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24	Zip / 29
County / 25	County / 30

9. Name and Address of Current Registered Agent

ALBERTSON, JUDITH
329 PARK AVE SOUTH
WINTER PARK FL 32789-4390

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 Section 607.0502 and 608.150A, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALBERTSON, JUDY		12 NAME	
STREET ADDRESS	55 TRISMEN TERR.		13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PETERSON, D. LOUISE		22 NAME	
STREET ADDRESS	503 N INTERLACHEN #4		23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		24 CITY-ST-ZIP	
TITLE	~~S~~	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	~~BURGE, CHARLES N.~~		32 NAME	
STREET ADDRESS	~~840 W. FAIRBANKS AVE.~~		33 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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 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 above, or on an attachment with an blank like this.

SIGNATURE: Judy Albertson — 4-15-96 — 407-628-1258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)