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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K36464

(1)

1. Corporation Name

MARK'S ART SUPPLIES, INC.

Principal Place of Business

1815 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

Mailing Address

1815 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211-4523

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/04/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2924435

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

MOHLER, STEVEN T.
1815 UNIVERSITY BLVD. NORTH
JACKSONVILLE 32211

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 607.0502 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 named in the registered agent and filer # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|-----------------------|
| TITLE | P | 11 TITLE | V |
| NAME | MOHLER, MARK M., JR. | 12 NAME | NANCY J. ANDERSON |
| STREET ADDRESS | 1815 UNIVERSITY BLVD. | 13 STREET ADDRESS | 1815 UNIVERSITY BLVD. |
| CITY - ST - ZIP | JACKSONVILLE FL | 14 CITY - ST - ZIP | JACKSONVILLE, FL. |
| TITLE | ST | 21 TITLE | |
| NAME | MOHLER, STEVEN T. | 22 NAME | |
| STREET ADDRESS | 1815 UNIVERSITY BLVD. | 23 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | |
| 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 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:

STEVEN T. MOHLER

3-497

(904)743-4848

Date

Daytime Phone #

CR2E034 (9/96)