

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

1997 FEB 27 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

**FILING FEE**  
**\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L96000000541

ART EXPRESS FUNDRAISERS, L.C.  
P. O. BOX 594  
DUNEDIN FL 34697

1a. Principal Place of Business Address

1611 SUNSET DRIVE  
DUNEDIN FL 34615

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

*SAME*

05/08/1996

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

*N/A*

☒ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

*N/A*

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

WOMBLE, DAVID  
1611 SUNSET DRIVE  
CLEARWATER FL 34615

Name

*SAME*

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*David C. Womble*

DATE

*January 27, 1997*

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM WOMBLE, DAVID

1611 SUNSET DRIVE

CLEARWATER FL

MEM WOMBLE, *CAROL*

1611 SUNSET DRIVE

CLEARWATER FL

MEM HARRIS, CONNIE

921 CHATHAM WAY

PALM HARBOR FL

800002101538--5  
-02/28/97--01116--008  
\*\*\*\*203.75 \*\*\*\*203.75

*1/28/97*  
*2/1/97*

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*David C. Womble*

*January 27, 1997*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #