

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08317 (2)

1. Corporation Name

FLORIDA VISUAL ARTS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2667023	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PALEVEDA, RICHARD ANTHONY
4014 SAN NICHOLAS
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LIROT, CHARLES LUKE	1.2 NAME	
STREET ADDRESS	2000 MAGNOLIA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BISCUP, JULIE	2.2 NAME	
STREET ADDRESS	9408 ELMER ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 40	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MIZE, JOY	3.2 NAME	
STREET ADDRESS	3813 WEST WALNUT	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	PST	4.1 TITLE	☐ Change ☐ Addition
NAME	PALEVEDA, RICHARD (DIR.)	4.2 NAME	
STREET ADDRESS	4014 SAN NICHOLAS	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	PTD	5.1 TITLE	☐ Change ☐ Addition
NAME	KAYE, SANFORD (DIRECTOR)	5.2 NAME	
STREET ADDRESS	309 W. LOUISIANA AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PROVOST, JOEL	6.2 NAME	
STREET ADDRESS	9408 ELMER ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 40	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #