

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000004358 (6)**

1. Corporation Name

FIRST NATIONS ART, INC.



Principal Place of Business

**1247 12TH STREET
SARASOTA FL 34236**

Mailing Address

**POST OFFICE BOX 2825
SARASOTA FL 34230**

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 2227 Tulip
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Sarasota, Florida

Zip Country

24 34239

25 USA

City & State

27 City & State

Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

4. FEI Number

65-0613929

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Robert L. Painter

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

2227 Tulip

83

84 City

Sarasota

FL

85 Zip Code
34239

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert L. Painter

Robert L. Painter, President

8/6/96

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSTD
PAINTER, ROBERT L
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PAINTER, DON
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TESTER, FRANKIE
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PAINTER, DON
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PAINTER, DON
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PAINTER, DON
1247 12TH STREET
SARASOTA FL 34236**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2227 Tulip

Sarasota, FL 34239

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

2227 Tulip

Sarasota, FL 34239

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

830 Logan Blvd.

Naples, FL 33999

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

David Notter

214 Jennings

Wenatchee, WA 98801

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

James N. Mower

5201 W. Kennedy Blvd. Tampa, FL 33609

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

Date

(941) 366-3309

Daytime Phone #

0014421

CR2E037 (3/96)