

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004358 (6)**

1. Corporation Name

**FIRST NATIONS ART, INC.**

Principal Place of Business

Mailing Address

**2227 TULIP  
SARASOTA FL 34239  
US**

**POST OFFICE BOX 2825  
SARASOTA FL 34230**

3. Date Incorporated or Qualified

**09/12/1995**

4. FEI Number

**65-0613929**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1241 12<sup>th</sup> St.**

**26 Suite, Apt. #, etc.**

**22 Suite, Apt. #, etc.**

**27 Suite, Apt. #, etc.**

**23 City & State**

**28 City & State**

**24 Zip 34236**

**25 Country**

**29 Zip**

**30 Country**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAINTER, ROBERT L.  
2227 TULIP  
SARASOTA FL 34239**

81 Name

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

**1241 12<sup>th</sup> St.**

83

84 City

**FL 85 Zip Code 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PAINTER, ROBERT L.  
STREET ADDRESS 2227 TULIP  
CITY-ST-ZIP SARASOTA FL**

TITLE ☐ DELETE

**NAME PAINTER, DON  
STREET ADDRESS 227 TULIP  
CITY-ST-ZIP SARASOTA FL**

TITLE ☐ DELETE

**NAME TESTER, FRANKIE  
STREET ADDRESS 830 LOGAN BLVD.  
CITY-ST-ZIP NAPLES FL 33999**

TITLE ☐ DELETE

**NAME NOTTER, DAVID  
STREET ADDRESS 214 JENNINGS  
CITY-ST-ZIP WENATCHEE WA**

TITLE ☐ DELETE

**NAME MOWER, JAMES N  
STREET ADDRESS 5201 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1241 12<sup>th</sup> St.**

**1.4 CITY-ST-ZIP 34236**

☒ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1241 12<sup>th</sup> St.**

**2.4 CITY-ST-ZIP 34236**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. I 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 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 REQUIRED

1/12/98 (94) 366-3309

CR2E037 (10/97)