FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:47

DOCUMENT # **P33064** **(7)**

1. Corporation Name
FINE ARTS EXPRESS, INC.

Principal Place of Business	Mailing Address
251 HEATH ST. BOSTON MA 02130	251 HEATH ST. BOSTON MA 02130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1991
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 04-2610480 ☐ 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

SPRAGVE, RICHARD
6249 ALL AMERICAN BLVD
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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 John Boyd
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOYD, JOHN H.	12 NAME	
STREET ADDRESS	4 SUNSET AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	HULL MA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RAGUS, AMY	22 NAME	
STREET ADDRESS	207 KENDALL ST.	23 STREET ADDRESS	
CITY-ST-ZIP	WALPOLE MA	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GARRITT, GREGORY G.	32 NAME	
STREET ADDRESS	94 UNION ST.	33 STREET ADDRESS	
CITY-ST-ZIP	NORFOLD MA	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BAILEY, JOHN M.	42 NAME	
STREET ADDRESS	41 CLAYBROOK RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BOYD, LEW F.	52 NAME	
STREET ADDRESS	210 MIDDLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY MA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, GRENVILLE	62 NAME	
STREET ADDRESS	490 CHESTNUT ST.	63 STREET ADDRESS	
CITY-ST-ZIP	WABAN MA	64 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)(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: John Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0903630 FP