

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000015478 (9)

1. Corporation Name

ALL THAT ART, INC.



Principal Place of Business

Mailing Address

~~810 S MAGNOLIA AVE~~
~~OCALA FL 34478~~
US

~~810 S MAGNOLIA AVE~~
~~OCALA FL 34478~~
US

2. Principal Place of Business

21 18 SW BROADWAY

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

24

34474

Country

25 US

2a. Mailing Address

26 P.O. Box 6677

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

29

34478

Country

30 US

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0389922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

LEE, STEPHEN P

~~188 NORTH MAGNOLIA AVE.~~
~~OCALA FL 34478~~

81 Name

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

18 SW BROADWAY

83

84 City

OCALA

FL

85

Zip Code

34474

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 I accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

STEPHEN P. LEE

1/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BENNINGFIELD, MARSHA
STREET ADDRESS 912 N.E. 1ST AVE.
CITY-ST-ZIP Ocala FL 34470

TITLE D ☐ DELETE
NAME LEE, LINDA
STREET ADDRESS 3911 S.E. 52ND ST.
CITY-ST-ZIP Ocala FL 34480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
LINDA S. LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (352)368-6841

CR2E034 (12/95)