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95 MAR -1 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



DOCUMENT # P94000033859 (7)

1. Corporation Name

PRIMITIVE ART, INC.

Principal Place of Business

326 PARKWAY PLACE
FT WALTON BEACH FL 32548

Mailing Address

326 PARKWAY PLACE
FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

inc. on May 2, 94

4. FEI Number

59-3249406

Applied For

Not Applicable

5. Certificate of Status Desired

N/D

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

N/D

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. 110 Harbor Lane

2a. Mailing Address

26. P.O. Box 5621

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

Destin, Florida

28. City & State

Destin, Florida

24. Zip

32541

Country

25. Okaloosa

29. Zip

32540

Country

30. Okaloosa

9. Name and Address of Current Registered Agent

MILONSKI, JAMES M
326 PARKWAY PLACE
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81. Name Milonski, James M.
82. Street Address (P.O. Box Number is Not Acceptable)
110 Harbor Lane
83.
84. City Destin FL 85. Zip Code 32541

11. Pursuant to the provisions of Sections 607.0102 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

James Milonski

2-23-95

12. OFFICERS AND DIRECTORS

101	D
NAME	MILONSKI, JAMES M
STREET ADDRESS	326 PARKWAY PLACE
CITY, ST., ZIP	FT WALTON BEACH FL 32548
102	D
NAME	CHENEY, ALANNA G
STREET ADDRESS	326 PARKWAY PLACE
CITY, ST., ZIP	FT WALTON BEACH FL 32548
103	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
104	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
105	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
106	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
107	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	NONE	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST., ZIP		
21 NAME		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST., ZIP		
31 NAME		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST., ZIP		
41 NAME		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST., ZIP		
51 NAME		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST., ZIP		
61 NAME		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST., ZIP		

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 110.02(b)(6), Florida Statutes. I further certify that the information included 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. 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 on Block 101 or Block 102 of this change report as an attachment with my address.

SIGNATURE:

James Milonski James Milonski

Date

2-23-95 904 214 4939