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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000033859 (7)**

1. Corporation Name

PRIMATIVE ART, INC.

Principal Place of Business	Mailing Address
610 HARBOR LANE DESTIN FL 32541 US	PO BOX 5621 DESTIN FL 32540 US

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-3249406 (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

2. Principal Place of Business	2a. Mailing Address
21 610 HARBOR LANE	26 PO BOX 5621
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DESTIN FL	City & State 28 DESTIN FL
Zip 24 32541 Country 25 US	Zip 29 32540 Country 30 US

9. Name and Address of Current Registered Agent

MILONSKI, JAMES M
610 HARBOR LANE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 ALANNA, CHENEY G.
82 326 PARKWAY PLACE
83
84 FT. WALTON BEACH FL 32548

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11. Pursuant or registe familiar wi

SIGNATURE ALANNA G. CHENEY 4-26-94

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILONSKI, JAMES M 326 PARKWAY PLACE FT WALTON BEACH FL 32548	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Milonski, James M 610 HARBOR LANE DESTIN, FL 32541 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHENEY, ALANNA G 326 PARKWAY PLACE FT WALTON BEACH FL 32548	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: James Milonski 4-26-94 904 244 4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)