

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
AMOUNT DUE ON OR BEFORE 8/8/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$575)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # P94000093608 (5)

1. Corporation Name

CAMEL JOE'S FINE ARTS, INC.

Principal Place of Business

4401 GULFSHORE BLVD N
NAPLES FL 33940

Mailing Address

4401 GULFSHORE BLVD N
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

3a. Date of Last Report

1st report 6/30/95

4. FEI Number

65-054-8440

Applied For

Not Application

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

21. Same

22. Same

23. Same

24. Same

2a. Mailing Address

26. Same

27. Same

28. Same

29. Same

30. Same

9. Name and Address of Current Registered Agent

MCGANN, ROBERT C
4401 GULFSHORE BLVD N
NAPLES FL 33940

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

Signature of the corporation's current registered agent or the corporation's Secretary of State

NOTE: Registered Agent signature required when changing

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SIGNATURE:

Barbara S. McGann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA S. MCGANN PW

6-27-95

941-2637509

Exhibit 1000-1

0104594 CP

CR2E034 (3/95)