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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90014 015 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000006513

1. Corporation Name  
ART'S CARTS, INC.

Principal Place of Business  
509 US HWY 27, NORTH  
DUNDEE FL 33838

Mailing Address  
509 US HWY 27, NORTH  
DUNDEE FL 33838



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

59-3303293

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBSON, ARTHUR L  
509 US HWY 27, NORTH  
DUNDEE FL 33838

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T HOBSON, TERRI M  
STREET ADDRESS  
509 US HWY 27 N  
CITY-ST-ZIP  
DUNDEE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HOBSON, ARTHUR L  
STREET ADDRESS  
509 US HWY 27, NORTH  
CITY-ST-ZIP  
DUNDEE FL 33838

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)