

FILED  
Feb 23 1998 8:00am  
Secretary of State



1. Corporation Name  
**ANIMAL ART, INC.**

Principal Place of Business	Mailing Address
14014 MIDDLETON WAY TAMPA FL 33624	14014 MIDDLETON WAY TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

4546 W. VILLAGE DR  
TAMPA, FL 33624

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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• Name and Address of Current Registered Agent

BRUZEL, HERBERT A  
14014 MIDDLETON WAY  
TAMPA FL 33624

3. Date Incorporated or Qualified02/23/19964. FEI Number

**59-3366227**

### 5. Certificate of Status Desired

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### 6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

REN B. EVANS

ss (P.O. Box Number is Not Acceptable)

MIDDLETON WAY

PA. FL

MPA

ation submits this statement for the purpose of changing its registered  
board of directors. I hereby accept the appointment as registered

*Evans* 2/16/98

SIGNATURE LOREN E. EVANS

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

12 OFFICERS AND DIRECTORS

12. OFFICIALS AND DIRECTORS

TITLE	
NAME	BRUZEL, HERBERT A
STREET ADDRESS	14014 MIDDLETON WAY
CITY - ST - ZIP	TAMPA FL 33624

TITLE	P-013828 B. EVANS	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	14014 MIDDLETON WAY	
CITY - ST - ZIP	TAMPA, FL 33624	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1.1 TITLE	Change	Addition
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1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

2.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing 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 LOREN B. EVANS - PRESIDENT James A. Evans 2/11/98

CR2E034 (10/97)