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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000097027 (2)

ARTS AFIRE, INC.

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business 161 CHERRY LAUREL DRIVE 161 CHERRY LAUREL DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/22/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 161 CHERRY LAURER DRIVE LAUREZ DRIVE 161 CHERRY 65-0718252 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be PALM HAABOR PALM HARBOR 28 Trust Fund Contribution 23 Added to Fees Ζφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 34683 34683 Z Yes 25 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETTENGILL, JEFF C 161 CHERRY LAUREL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition NAME PETTENGILL, JEFF C 1.2 NAME 161 CHERRY LAUREL DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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:

013-939-9473