FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03287 (2)

1. Corporation Name
ARTISTS GALLERY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
5618 SAN JOSE BLVD. JACKSONVILLE FL 32207	5618 SAN JOSE BLVD. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3099314 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25
2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALTON, MAXINE
4430 WORTH AVE
JACKSONVILLE FL 32207

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: Maxine Walton, Treasurer — 4-25-95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	ETHEREDGE, DOROTHY	
STREET ADDRESS	5329 TULANE AVE	same
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	☐ Change ☐ Addition
NAME	PERSICK, WILLIAM	
STREET ADDRESS	1031 LAWFIN ST.	same
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	2NDV	☐ Change ☐ Addition
NAME	RADERMAN, PHYLLIS	
STREET ADDRESS	3471 NORTH RIDE CTR.	same
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	☐ Change ☐ Addition
NAME	POOLE, MAURICE	
STREET ADDRESS	4925 GLADE HILL ST.	same
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	☐ Change ☐ Addition
NAME	WASSON, MAGEE	
STREET ADDRESS	6000 SAN JOSE BLVD #F1	same
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	☐ Change ☐ Addition
NAME	WALTON, MAXINE	
STREET ADDRESS	4430 WORTH AVE.	same
CITY-ST-ZIP	JACKSONVILLE FL 32207	

14. I do 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: Maxine Walton, Treasurer — MAXINE WALTON — 4-25-95 — 737-8472
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #)

0018800 CP