

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 770891**

1. Corporation Name

THE TOWER GALLERY ARTIST COOPERATIVE, INC.

Principal Place of I	Business
751 TARPON BAY	RD.
SANIBEL FL 33957	

Mailing Address

FILED Mar 11, 1999 8:00 am § Secretary of State 03-11-1999 90157 042 ****61.25



751 TARPON E SANIBEL FL 33 US		751 TARPON BAY RD. SANIBEL FL 33957 US					
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 10/24/1983		
21		Suite, Apt. #, etc.			4. FEI Number	Ar	plied For
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		-	59-2547501		ot Applicable
City & State	9	City & State			5. Certificate of Status Desired	□ \$8.75 Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added Added	to Fees
			10. Name and Address of New F	legistered Agent			
			81	Name			
WIGGINS,	INDA		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
3635 HER							
	S FL 33908		83				{
			84	City		FL i	Code
office or ragent. I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation				poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its of the appointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Age	nt signature requin	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	VALE, SHIRLEY		1.2 NAME				-
STREET ADDRESS	521 CORAL DR		1.3 STREE	T ADORESS			{
CITY-ST-ZIP	CAPE CORAL FL		1,4 CITY-S	T-ZIP			
TITLE	VPD	DELETE	2.1 TITLE			Change	☐ Addition
NAME	BEDIENT, JOANN		2.2 NAME				1
STREET ADDRESS	869 DUQUESNE DR		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY-5	ST-ZIP			
TITLE	TD	DELETE	3.1 TITLE			Change	Addition
NAME	WIGGINS, LINDA		3.2 NAME				\
STREET ADDRESS	9240 BAYBERRY BEND #101		3.3 STREE	TADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		3.4. CITY-1	ST- ZIP		Channa	Addition
TITLE	SD	DELETE	4.1 TITLE			☐ Change	Addition
NAME	BUSCH, RODNEY		4, 2 NAME	ľ			ì
STREET ADDRESS	13809 HERONWOOD LN #34		4.3 STREE	TADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-5	T-ZIP		Chango	M Addition
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS				TADDRESS			}
CITY-ST-ZIP		<u> Пог, гтг</u>	5.4 CITY-S	ii-ZIP		☐ Change	Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Criange	TT Addition
NAME			6.2 NAME	T.4000500			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	J		6.4 CITY-5	T-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-10-99 941-481-7061