

**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

**FILED**

95 JUL 21 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **G60836** (5)  
1. Corporation Name  
**GAINESVILLE ARTISANS GUILD, INC.**

Principal Place of Business  
**806 W. UNIVERSITY AVENUE  
GAINESVILLE FL 32601**

Mailing Address  
**806 W. UNIVERSITY AVENUE  
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/12/1983**

3a. Date of Last Report  
**06/16/1994**

4. FEI Number  
**59-1305633**

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

6. This corporation has liability for intangible tax under C. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHRISTMANN, THOMAS G.  
527 E. UNIVERSITY AVENUE  
GAINESVILLE FL 32601**

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | PD                                       |
| NAME                       | KROGER, HANNELORE                        |
| STREET ADDRESS             | 3841 SW 2ND AVE                          |
| CITY, ST, ZIP              | GAINESVILLE FL                           |
| TITLE                      | VD                                       |
| NAME                       | EOFF, SARA                               |
| STREET ADDRESS             | 7205 NE 19TH AVE                         |
| CITY, ST, ZIP              | GAINESVILLE FL                           |
| TITLE                      | SD                                       |
| NAME                       | LOTTINVILLE, JOYCE MARIE                 |
| STREET ADDRESS             | 4234 NW 21ST DR                          |
| CITY, ST, ZIP              | EVINSTON FL                              |
| TITLE                      | TD                                       |
| NAME                       | HIRT, CINDY                              |
| STREET ADDRESS             | 10115 S.W. 15TH PLACE 906 S.W. 101ST ST. |
| CITY, ST, ZIP              | GAINESVILLE FL                           |
| TITLE                      |  |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY, ST, ZIP              |  |
| TITLE                      |  |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY, ST, ZIP              |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME  |   |
| 13. STREET ADDRESS                                    |   |
| 14. CITY, ST, ZIP                                     |   |
| 21. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME  |   |
| 23. STREET ADDRESS                                    |   |
| 24. CITY, ST, ZIP                                     |   |
| 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME  |   |
| 33. STREET ADDRESS                                    |   |
| 34. CITY, ST, ZIP                                     |   |
| 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME  |   |
| 43. STREET ADDRESS                                    |   |
| 44. CITY, ST, ZIP                                     |   |
| 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME  |   |
| 53. STREET ADDRESS                                    |   |
| 54. CITY, ST, ZIP                                     |   |
| 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME  |   |
| 63. STREET ADDRESS                                    |   |
| 64. CITY, ST, ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cindy Hirt* **Cindy Hirt** 7-18-95 904 372-1893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 treasurer