

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Sub. Apt. #, etc.	26. Sub. Apt. #, etc.	09/12/1983	07/21/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-1305633	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature and typed or printed name of registered agent _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD KROGER, HANNELORE 3841 SW 2ND AVE GAINESVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	3841 SW 2ND AVE GAINESVILLE FL	1.2 NAME	
3. CITY, ST, ZIP	GAINESVILLE FL	1.3 STREET ADDRESS	
4. TITLE	VD	1.4 CITY, ST, ZIP	
5. NAME	EOFF, SARA 7205 NE 19TH AVE GAINESVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	7205 NE 19TH AVE GAINESVILLE FL	2.2 NAME	
7. CITY, ST, ZIP	GAINESVILLE FL	2.3 STREET ADDRESS	
8. TITLE	SD	2.4 CITY, ST, ZIP	
9. NAME	LOTTINVILLE, JOYCE MARIE 4234 NW 21ST DR EVINSTON FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	4234 NW 21ST DR EVINSTON FL	3.2 NAME	
11. CITY, ST, ZIP	EVINSTON FL	3.3 STREET ADDRESS	
12. TITLE	TD	3.4 CITY, ST, ZIP	
13. NAME	HIRT, CINDY 906 S.W. 101ST STREET GAINESVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	906 S.W. 101ST STREET GAINESVILLE FL	4.2 NAME	
15. CITY, ST, ZIP	GAINESVILLE FL	4.3 STREET ADDRESS	
16. TITLE		4.4 CITY, ST, ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY, ST, ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY, ST, ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
24. TITLE		6.4 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplier annual report is true and accurate and that my signature shall have the same legal effect as it 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Cindy Hirt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

CR2E034 (12/95)