

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Sep 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 660836
1. Corporation Name
Gainesville Artisans Guild, INC.

Principal Place of Business: *806 W University Ave Gainesville, FL 32601*
Mailing Address: *806 W. Univ. Ave Gainesville FL 32601*

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

3. Date Incorporated or Qualified <i>9/12/1983</i>	3a. Date of Last Report <i>2/96</i>
4. FEI Number <i>59-1305633</i>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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
Christmann, Thomas & S 27 E Univ Ave Gainesville A 32601

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<i>PD</i>	<input type="checkbox"/>
NAME	<i>Kruger, Hannelore</i>	
STREET ADDRESS	<i>3841 SW 2nd Ave</i>	
CITY-ST-ZIP	<i>Gainesville, FL</i>	
TITLE	<i>VO</i>	<input type="checkbox"/>
NAME	<i>Coff Sara</i>	
STREET ADDRESS	<i>7205 NE 19th Ave</i>	
CITY-ST-ZIP	<i>Gainesville FL</i>	
TITLE	<i>EO</i>	<input type="checkbox"/>
NAME	<i>Cottville Joyce Marie</i>	
STREET ADDRESS	<i>4234 NW 21st Dr</i>	
CITY-ST-ZIP	<i>Gwinston, FL</i>	
TITLE	<i>TD</i>	<input type="checkbox"/>
NAME	<i>Hirt Cindy</i>	
STREET ADDRESS	<i>123 Floradandy Rd</i>	
CITY-ST-ZIP	<i>Hawthorne, FL</i>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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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: *Cindy Hirt* Date: *9-15-97* Daytime Phone #: *352 481 3670*

CR2E034 (9/96)