

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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date incorporated or Qualified: **09/12/1983**

4. FEI Number: **59-1305633**

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. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CHRISTOPHER THOMAS G.  
337 W. UNIVERSITY AVENUE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name: **Walter M. Tovkach**

82 Street Address (P.O. Box Number is Not Acceptable): **5011 N.W. 8th Avenue**

84 City: **Gainesville** FL 85 Zip Code: **32605**

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: *Walter M. Tovkach* DATE: **2-6-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KROGER, HANNELORE	
STREET ADDRESS	3841 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EOFF, SARA	
STREET ADDRESS	7205 NE 19TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOTTINVILLE, JOYCE MARIE	
STREET ADDRESS	4234 NW 21ST DR	
CITY-ST-ZIP	EVINSTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HIRT, CINDY	
STREET ADDRESS	123 FLORADANDY RD	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Howard Seitz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	411 SE 17th St	
1.4 CITY-ST-ZIP	Gainesville FL 32601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter M. Tovkach* DATE: **2-18-98**

CR2E034 (10/97)