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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
09/12/1983

2. Principal Place of Business
 21 **5402 NW 8th Ave**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Gainesville, FL**
 Zip Country
 24 **32605** 25 **USA**
 2a. Mailing Address
 26 **5402 NW 8th Ave**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Gainesville, FL**
 Zip Country
 29 **32605** 30 **USA**

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
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
TOVKACH, WALTER M
5011 NW 8TH AVE
GAINESVILLE FL 32605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEITZ, HOWARD 411 SE 17TH ST GAINESVILLE FL 32601	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	Deyrup Margaret
STREET ADDRESS		1.3 STREET ADDRESS	926 N.W. 94th St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	VD EOFF, SARA 7205 NE 19TH AVE GAINESVILLE FL	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD LOTTINVILLE, JOYCE MARIE 4234 NW 21ST DR EVINSON FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD HIRT, CINDY 123 FLORADANDY RD HAWTHORNE FL	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Cindy Hirt 1-11-99 352 378 1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)