

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N32631 (6)

1. Corporation Name
621 GALLERY, INC.

APPROVED
AND
FILED

95 MAY -1 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% NAN BOYNTON P.O. BOX 782 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/01/1989** 3a. Date of Last Report **03/21/1994**

4. FEI Number **59-2978170** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
621 Industrial Dr Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State **Tallahassee FL** 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip **32310** Country 28. Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee NOT Required**

24. 25. 29. 30.

8. This corporation has liability for intangible tax under § 100.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYNTON, NAN
567 INDUSTRIAL DR
TALLAHASSEE FL 32310**

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 constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **BURGGRAF, RAY**
STREET ADDRESS **1507 MARION AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVT**
NAME **BOYNTON, NAN**
STREET ADDRESS **567 INDUSTRIAL**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS**
NAME **MESSERSMITH, SUSAN**
STREET ADDRESS **1318 BROOME ST**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **LORASSE, DEBORAH**
STREET ADDRESS **517 PALMYRA DR**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: Nan Boynton
SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/29/95
Date