

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32631 (6)**
1. Corporation Name
621 GALLERY, INC.



Principal Place of Business: **621 INDUSTRIAL DRIVE, P.O. BOX 782, TALLAHASSEE FL 32310 US**
Mailing Address: **% NAN BOYNTON, P.O. BOX 782, TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **06/01/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2978170**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BOYNTON, NAN
567 INDUSTRIAL DR
TALLAHASSEE FL 32310**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BURGGRAF, RAY	
STREET ADDRESS	1507 MARION AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BOYNTON, NAN	
STREET ADDRESS	567 INDUSTRIAL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MESSERSMITH, SUSAN	
STREET ADDRESS	1318 BROOME ST	
CITY-ST-ZIP	TALLAHASSEE 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK MESSERSMITH	
1.3 STREET ADDRESS	1318 BROOME ST	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK BJORNSETH	
2.3 STREET ADDRESS	1733 BURGUNDY BLVD	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDA HIRSCH	
3.3 STREET ADDRESS	810 MADERIA CIRCLE	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LYNNE LEHMAN	
4.3 STREET ADDRESS	7114 ANGLEWOOD LN	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUTH WHARTON	
5.3 STREET ADDRESS	621 INDUSTRIAL DR	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310	
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 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)(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 attachment with an address.

SIGNATURE: *Mark Messersmith* 4/18/96 904-222-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)