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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

621 INDUSTRIAL DRIVE
P.O. BOX 782
TALLAHASSEE FL 32310
US% NAN BOYNTON
P.O. BOX 782
TALLAHASSEE FL 32302-0782

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 621 Industrial Dr.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee Fl.

28

Zip

Country

Zip

Country

24 32310

25

Leon

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4. FEI Number

59-2978170

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYNTON, NAN
587 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETENAME MARK MESSERSMITH
STREET ADDRESS 1318 BROOME ST
CITY-ST-ZIP TALLAHASSEE FL1.1 TITLE DP ☐ Change ☐ Addition1.2 NAME LINDA HIRSCH
1.3 STREET ADDRESS 810 MADERIA CIRCLE
1.4 CITY-ST-ZIP TALLAHASSEE FL 32312TITLE DP ☒ DELETENAME DICK BJORNSETH
STREET ADDRESS 1733 BURGUNDY BLVD
CITY-ST-ZIP TALLAHASSEE FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DV ☒ DELETENAME LINDA HIRSCH
STREET ADDRESS 810 MADERIA CIRCLE
CITY-ST-ZIP TALLAHASSEE FL3.1 TITLE DV ☐ Change ☐ Addition3.2 NAME MARK MESSERSMITH
3.3 STREET ADDRESS 1318 BROOME ST.
3.4 CITY-ST-ZIP TALLAHASSEE FL 32301TITLE DS ☐ DELETENAME LYNNE LEHMAN
STREET ADDRESS 7114 ANGLEWOOD LN
CITY-ST-ZIP TALLAHASSEE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☐ DELETENAME RUTH WHARTON
STREET ADDRESS 621 INDUSTRIAL DR
CITY-ST-ZIP TALLAHASSEE FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda G. Hirsch

1-16-97

904-385-1929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000017

CR2E037 (9/96)