

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 # 752671

(8)

1. Corporation Name

GAINESVILLE SUZUKI PLAYERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 23921, N/A  
C/O SONNHILD F. KITTS  
GAINESVILLE FL 32602  
US

3415 NW 10TH AVE.  
GAINESVILLE FL 32605



3. Date Incorporated or Qualified

05/29/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

KITTS, SONNHILD F.  
3415 N.W. 10TH AVE.  
GAINESVILLE FL 32605

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 DD  
NAME KITTS, SONNHILD  
STREET ADDRESS 3415 NW 10 AVE.  
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ DELETE

TITLE P/D  
NAME SNYDER, JANE  
STREET ADDRESS 1207 S.W. 112TH ST.  
CITY-ST-ZIP GAINESVILLE FL 32607

☐ DELETE

TITLE VD  
NAME FINE, CHERIE  
STREET ADDRESS 3126 NW 62 TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ DELETE

TITLE TD  
NAME MECHOLSKY, SUSAN  
STREET ADDRESS 4411 NW 13TH AVE.  
CITY-ST-ZIP GAINESVILLE FL 32605

☐ DELETE

TITLE SD  
NAME LOWERY, MARLENE  
STREET ADDRESS 3111 NW 58TH BLVD.  
CITY-ST-ZIP GAINESVILLE FL 32606

☐ DELETE

TITLE MD  
NAME SMERAGE, GLEN  
STREET ADDRESS 2104 NW 12 AVE.  
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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: X

Sonnild F. Kitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)