

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90013 004 \*\*\*\*61.25

**DOCUMENT # 752671**

1. Corporation Name

**GAINESVILLE SUZUKI PLAYERS, INC.**

Principal Place of Business

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

Mailing Address

3415 NW 10TH AVE.  
GAINESVILLE FL 32605



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>4411 NW 19 Ave.</b>		05/29/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2088069	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 <b>Gainesville, FL</b>			
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29 <b>32605</b>		30 <b>USA</b>	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTS, SONNHILD	1.2 NAME	
STREET ADDRESS	3415 NW 10 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNI, KATHY	2.2 NAME	
STREET ADDRESS	4411 NW 19TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICO, DAVID	3.2 NAME	
STREET ADDRESS	3716 NW 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENOIT, MICHELLE	4.2 NAME	<b>T</b>
STREET ADDRESS	120 NE 8TH ST	4.3 STREET ADDRESS	<b>Mila Turla</b>
CITY-ST-ZIP	GAINESVILLE FL 32601	4.4 CITY-ST-ZIP	<b>7702 SW 26 Pl.</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, MARLENE	5.2 NAME	
STREET ADDRESS	3111 NW 58TH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	5.4 CITY-ST-ZIP	
TITLE	MD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMERAGE, GLEN	6.2 NAME	
STREET ADDRESS	2104 NW 12 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	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 617, 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:

*Katherine Harris* (Katherine Muni) 9/14/99 (352) 375-9031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR29037 (5/99)