**PROFIT** CORPORATION "ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000041148

NATIONAL HOMECRAFT OF GAINESVILLE, INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90010 016 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
3432 N.W. 13TH		3432 N.W. 13TH AVE.						
GAINESVILLE FI	L 32605	Gainesville FL 32605			DO NOT W	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife			
					05/04/1998			
2 Principal P	dang of Business	2a. Mailing Address			4. FEI Number			Applied For
21 4647	lace of Business H. STACET	26 4647 NW	! E <sup>ta</sup> :	STREET	59-34903/7			Not Applicable
Suite, Apt.		Suite Ant # etc					\$8.75	Additional
22 SUIT		27 SUITE E	<del></del> -		5. Certificate of Status Desired		Fee I	Required
City & Stat	e	City & State		T-1	6. Election Campaign Financin	g 🗀	\$5.0	<b>0</b> Мау Ве
	NEGVELLE, FL	28 CAENESVE	<u> </u>	Pu	Trust Fund Contribution			d to Fees
Zip □ > 2.7.	09 Sountry USA	Zip 2 2/ 129 [	Country	1151	8. This corporation owes the co	urrent year Int	angible □Yes	⊠No
24 326	9. Name and Address of Cu		30		Personal Property Tax.  10. Name and Address of Nev	Registered		E1110
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Italie and Address of ites	· itegiotores		
FULT	TZ, EARL J							
	N.W. 13TH AVE.		82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
GAIN	NESVILLE FL 32605		83			·	•	
			84	City	· · · · · · · · · · · · · · · · · · ·		85 Zi	p Code
						<u> </u>	<u>.                                     </u>	
11. Pursuant	egistered agent, or both, in the St	ate of Florida. Such change was au	s, the above thorized by	the corpora	rporation submits this statement for the tion's board of directors. I hereby accurate	he purpose of cept the appoi	changing i ntment as	its registered registered
office or re								
agent. I a	m familiar with, and accept the ob	digations of, Section 607.0505, Flore	da Statutes	<b>5.</b>				
office or re agent. I a SIGNATURE	m familiar with, and accept the ob		da Statutes	<b>3.</b>	ired when reinstating)	DATE		
agent. I a	m familiar with, and accept the ob-		da Statutes	<b>3.</b>	ired when reinstating)  ADDITIONS/CHANGES TO (		ID DIREC	TORS IN 12
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agent. I a SIGNATURE 12.	im familiar with, and accept the ob-	agent and title if applicable. (NOTE: f	Registered Agei	<b>3.</b>				
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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 607, 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: