


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-26-1999 90010 016 ***150.00

0061898

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000041148					
1. Corporation Name NATIONAL HOMECRAFT OF GAINESVILLE, INC.					
Principal Place of Business 3432 N.W. 13TH AVE. GAINESVILLE FL 32605			Mailing Address 3432 N.W. 13TH AVE. GAINESVILLE FL 32605		
2. Principal Place of Business 21 4647 N.W. 6TH STREET 22 SUITE E 23 GAINESVILLE, FL 24 32609 25 USA		2a. Mailing Address 26 4647 N.W. 6TH STREET 27 SUITE E 28 GAINESVILLE FL 29 32609 30 USA		3. Date Incorporated or Qualified 05/04/1998	
				4. FEI Number 59-3490317	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FULTZ, EARL J 3432 N.W. 13TH AVE. GAINESVILLE FL 32605			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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE D <input type="checkbox"/> DELETE					
1.2 NAME FULTZ, EARL J					
1.3 STREET ADDRESS 3432 N.W. 13TH AVE.					
1.4 CITY-ST-ZIP GAINESVILLE FL 32605					
1.5 TITLE <input type="checkbox"/> DELETE					
1.6 NAME					
1.7 STREET ADDRESS					
1.8 CITY-ST-ZIP					
1.9 TITLE <input type="checkbox"/> DELETE					
1.10 NAME					
1.11 STREET ADDRESS					
1.12 CITY-ST-ZIP					
1.13 TITLE <input type="checkbox"/> DELETE					
1.14 NAME					
1.15 STREET ADDRESS					
1.16 CITY-ST-ZIP					
1.17 TITLE <input type="checkbox"/> DELETE					
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1.30 NAME					
1.31 STREET ADDRESS					
1.32 CITY-ST-ZIP					
1.33 TITLE <input type="checkbox"/> DELETE					
1.34 NAME					
1.35 STREET ADDRESS					
1.36 CITY-ST-ZIP					
1.37 TITLE <input type="checkbox"/> DELETE					
1.38 NAME					
1.39 STREET ADDRESS					
1.40 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)