

V59292

FLORIDA ART CENTER & GALLERY INC

CHANGE OF MAILING ADDRESS

400003008654--6
-10/07/99--01070--007
*****35.00 *****35.00

NEW MAILING ADDRESS:

PO BOX 649

HAVANA FL 32333

PHYSICAL ADDRESS REMAINS
208 N.W. FIRST ST.
HAVANA FL 32333

CLERK OF STATE
TALLAHASSEE, FLORIDA

99 OCT -7 PM 1:06

FILED

THANKS

Tom Dwyer

PRESIDENT and REGISTERED AGENT

*RDA
10-14-99
DAS*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FLORIDA ART CENTER & GALLERY INC

2. The mailing address of the corporation is: P.O. Box 649
HAVANA FL 32333-649

3. Date of incorporation/qualification: 8-19-92 Document number: V59292

4. The name and address of the current registered agent and office:

ALEXANDER L. HINSON
1204 FLETCHER DR.
QUINCY, FL 32351

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

KIM M. DOXEY

2618 MAYFAIR RD

TALLAHASSEE FL 32303

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

99 OCT -7 PM 1:06

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10-4-99
(Date)

KIM M. DOXEY PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

10-4-99
(Date)

If signing on behalf of an entity:

KIM M. DOXEY
(Typed or Printed Name)

PRESIDENT
(Capacity)

*** FILING FEE: \$35.00 ***