FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 649855

1. Corporation Name

Dale A. Galvin, Inc.

Principal Place of Business	Mailing Address
375 North McCall Rd. Englewood, FL 34223	375 North McCall Rd. Englewood, FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1979

3a. Date of Last Report: 5/10/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27

City & State — 23 / 28

Zip — 24 / 29

Country — 25 / 30

4. FEI Number: 59-1961967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Galvin, Dale A.
375 North McCall Rd.
Englewood, FL 34223

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 _____ DATE

Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changes.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Galvin, Dale A.	12 NAME	
STREET ADDRESS	375 North McCall Rd.	13 STREET ADDRESS	
CITY ST ZIP	Englewood, FL 34223	14 CITY ST ZIP	
TITLE	Secretary/ Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Galvin, Nancy M.	22 NAME	600001548585
STREET ADDRESS	375 North McCall Rd.	23 STREET ADDRESS	-07/27/95--01080--023
CITY ST ZIP	Englewood, FL 34223	24 CITY ST ZIP	****225.00 ****225.00
TITLE	Vice President	31 TITLE	☐ Change ☐ Addition
NAME	Galvin, David D.	32 NAME	
STREET ADDRESS	399 North McCall Rd.	33 STREET ADDRESS	
CITY ST ZIP	Englewood, FL 34223	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	7/24/95 NS
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 added to the report.

SIGNATURE: Nancy M. Galvin Nancy M. Galvin 6/21/95 941 474-3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #