

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G28946** (3)
1. Corporation Name
GALATI BROTHERS OF FLORIDA, INC.

Principal Place of Business % JOSEPH GALATI 900 S. BAY BLVD. ANNA MARIA FL 34216	Mailing Address % JOSEPH GALATI 900 S. BAY BLVD. ANNA MARIA FL 34216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 862 27 Suite, Apt. #, etc. 28 Anna Maria, FL 29 Zip 34216 30 Country USA		3. Date Incorporated or Qualified 03/22/1983	
				4. FEI Number 59-2243048	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GALATI, JOSEPH 900 S. BAY BLVD. ANNA MARIA FL 34216		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	
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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

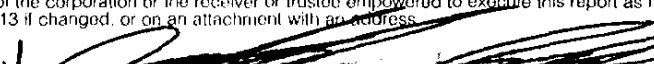
Signature: typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GALATI, JOSEPH	1.2 NAME	
STREET ADDRESS	424 PINE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GALATI, CARMINE	2.2 NAME	
STREET ADDRESS	608 N POINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GALATI, MICHAEL A., JR.	3.2 NAME	
STREET ADDRESS	614 N POINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GALATI, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	628 HAMPSHIRE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/4/98 (911) 778-1755

CR2E034 (10/97)