

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062756 (8)

1. Corporation Name

TIM GALLAGHER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

122 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714

122 BAYBERRY ROAD
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 700 west SR436

26 700 West SR436

4. FEI Number

59-3337163

Applied For

Not Applicable

Suite, Apt. #, etc

22 Suite 116

Suite, Apt. #, etc

27 Suite 116

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Altamonte Springs

City & State

28 Altamonte Springs

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 32714

Country

25 US

Zip

29 32714

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, WILLIAM H ESQ.
7100 SOUTH US HIGHWAY 17-92
FERN PARK FL 32730

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME SMART, KEN
STREET ADDRESS C/O 122 BAYBERRY ROAD
CITY - ST - ZIP ALTAMONTE SPRINGS 32 714

TITLE STD
NAME SMART, KELLY
STREET ADDRESS C/O 122 BAYBERRY ROAD
CITY - ST - ZIP ALTAMONTE SPRINGS 32 714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/12/96

407-788-0818

CR2E034 (3/96)