

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

**97 JUL 24 PM 1:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # 191849 (9)**  
 1. Corporation Name  
**GALLOWAY'S INC.**



Principal Place of Business  
**3347 HENDERSON BLVD  
 P O BOX 10676  
 TAMPA FL 33679  
 US**

Mailing Address  
**P O BOX 10676  
 P O BOX 10676  
 TAMPA FL 33679  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**03/23/1956**

3a. Date of Last Report  
**03/19/1996**

4. FFI Number  
**59-0767073**

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**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

**GALLOWAY, RALPH M  
 1806 S CULBREATH ISLES DR  
 TAMPA FL 33629**

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 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 **PD**  DELETE  
 NAME **GALLOWAY, RALPH M**  
 STREET ADDRESS **1806 SO. CULBREATH ISLES**  
 CITY-ST-ZIP **TAMPA FL**

11 TITLE **CD**  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  
 31 TITLE **PD**  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  
 41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  
 51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  
 61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

TITLE **VSD**  DELETE  
 NAME **GALLOWAY, JOHN R**  
 STREET ADDRESS **1911 WYKAGYL**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **VD**  DELETE  
 NAME **PETRIDES, LAURA**  
 STREET ADDRESS **1806 S CULBREATH ISLES DR**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Ralph M. Galloway*

01/01/97 912 973-1927

CR2E034 (4/97)