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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 191849

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
 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

3. Date Incorporated or Qualified

03/23/1956

4. FEI 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLOWAY, RALPH M
 1606 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	<input checked="" type="checkbox"/> DELETE
NAME	GALLOWAY, RALPH	
STREET ADDRESS	1606 SO. CULBREATH ISLES	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GALLOWAY, JOHN R	
STREET ADDRESS	1911 WYKAGYL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PETRIDES, LAURA	
STREET ADDRESS	1606 S CULBREATH ISLES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GALLOWAY, RALPH	
1.3 STREET ADDRESS	1606 SO. CULBREATH ISLES	
1.4 CITY-ST-ZIP	TAMPA, FL 33629	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GALLOWAY, JOHN R.	
2.3 STREET ADDRESS	1911 WYKAGYL ST.	
2.4 CITY-ST-ZIP	TAMPA, FL 33629	
3.1 TITLE	EXECUTIVE VICE-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETRIDES, LAURA	
3.3 STREET ADDRESS	4928 BAY WAY DRIVE	
3.4 CITY-ST-ZIP	TAMPA, FL 33629	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *John R Galloway*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 813 873437
 Date Daytime Phone #

CR2E034 (11/98)