

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -6 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 292172 (4)**

1. Corporation Name

**PHIL C. GALLAGHER, INC.**

Principal Place of Business

**4500 BISCAYNE BLVD.,#310  
MIAMI FL 33137**

Mailing Address

**4500 BISCAYNE BLVD.,#310  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1965** 3a. Date of Last Report **07/25/1994**

1. Fil Number **59-1092647** Applied For ☐ Not Applicable ☐

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

6. ☐ **\$5.00 May Be Added to Fees**

8. This corporation has taken the appropriate steps under the Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**3050 BISCAYNE BLVD.**

2a. Mailing Address

**3050 BISCAYNE BLVD.**

State, Apt. #, etc.

**SUITE 412**

State, Apt. #, etc.

**SUITE 412**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

**33137**

**U.S.A.**

**33137**

**U.S.A.**

9. Name and Address of Current Registered Agent

**GALLAGHER, PHIL C.  
4500 BISCAYNE BLVD.,#310  
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81. Name **GALLAGHER, PHIL C.**  
82. Street Address (P.O. Box Number is Not Acceptable) **3050 BISCAYNE BLVD., SUITE 412**  
83.   
84. City **MIAMI** **FL** 85. Zip Code **33137**

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 this appointment as registered agent. I am familiar with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Phil C. Gallagher*

(Signature Required for Registered Agent)

6-78-95

12. OFFICERS AND DIRECTORS

|      |                          |                     |
|------|--------------------------|---------------------|
| 12.1 | PT                       | GALLAGHER, PHIL C   |
| 12.2 | 4500 BISCAYNE BLVD.,#310 |                     |
| 12.3 | MIAMI FL                 |                     |
| 12.4 | D                        | GALLAGHER, PHIL C   |
| 12.5 | 4500 BISCAYNE BLVD.,#310 |                     |
| 12.6 | MIAMI FL                 |                     |
| 12.7 | DS                       | GALLAGHER, CARMEN M |
| 12.8 | 4500 BISCAYNE BLVD.,#310 |                     |
| 12.9 | MIAMI, FL 00000          |                     |

13. ADDITIONAL OFFICERS AND DIRECTORS

|      |                           |                    |
|------|---------------------------|--------------------|
| 13.1 | PSD                       | GALLAGHER, PHIL C. |
| 13.2 | 3050 BISCAYNE BLVD., #412 |                    |
| 13.3 | MIAMI, FL 33137           |                    |
| 13.4 | VD                        | GALLAGHER, CARMEN  |
| 13.5 | 3050 BISCAYNE BLVD. #412  |                    |
| 13.6 | MIAMI, FL 33137           |                    |

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the corporation is in compliance with the provisions of the Florida Statutes, and that the corporation is in compliance with the provisions of the Florida Statutes, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE *Phil C. Gallagher*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-78-95 305 576 4100