FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **415551** **(1)**

1. Corporation Name
J.J. GALLEHER COMPANY, INC.

Principal Place of Business	Mailing Address
1170 GOULD STREET CLEARWATER FL 34616	1170 GOULD STREET CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1972**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1441186** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PAYANT, RICHARD W.~~
~~2051 MCCORMICK DRIVE~~
~~SUITE 200~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

81 Name: Gary N. Strohauer
82 Street Address (P.O. Box Number is Not Acceptable): 1150 Cleveland Street
83: Suite 300
84 City: Clearwater **FL** 85 Zip Code: 34615

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: _____ Gary N Strohauer 4/6/95
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	PDS	11 TITLE	☐ Change ☐ Addition
NAME	SMOOT, R. D. (CHRM)	12 NAME	
STREET ADDRESS	2956 MEADOW HILL DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GALLEHER, J. J.	22 NAME	
STREET ADDRESS	2095 SUNSET POINT RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SMOOT, C.G.	32 NAME	
STREET ADDRESS	2956 MEADOW HILL DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMOOT, L.A.	42 NAME	
STREET ADDRESS	1746 LAKE CYPRESS DR	43 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, MARGARET A	52 NAME	
STREET ADDRESS	2938 FAIRWAY DR	53 STREET ADDRESS	
CITY-ST-ZIP	SUGARLAND TX	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: R.D. Smoot 4/7/95 813-461-7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344Y4A CP