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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 552276

1. Corporation Name

TOM GALLAGHER AUTO & MARINE, INC.

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Principal Ptac	ce of Business	Mailing Address						EELO EIK EKOLL	EIRII BIBII BIBI	61811 61811 1651
91825 US HWY 1		PO BOX 743				•				
TAVERNIER FL 33070		TAVERNIER FL 33070								
US .		US .			DO NOT WRITE IN THIS SPACE					
	•	•				3.	Date Incorporated or Qualifed 12/01/1977			
2. Principal P	Place of Business	2a. Mailing Address				4	FEI Number			applied For
21		26				1	59-1814827			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								Additional
22		27				5.	Certifcate of Status Desired		Fee F	Required
City & Stat	te	City & State					Election Campaign Financing			May Be
Zip	Country	Zip	Count				Trust Fund Contribution			I to Fees
24	25	29	30	ıy			This corporation owes the cur Personal Property Tax.	rent year in	tangible Yes	□No
24	9. Name and Address of Current		30			-	Name and Address of New	Registered		LINO
			8	1 N	ame				7.8	
	LAGHER, THOMAS F.		8	2 0	tract Addra	/D	O Day Number is Not Asset			
l	PON AVE & OCEAN VIEW		0.	2 3	ireel Addre	888 (P.	O. Box Number is Not Accept	able)		
	BOX 743		8:	3					3 6	History in
IAVE	ERNIER FL 33070		8-	4 C	ity		**************************************	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Sta	atutes, the abou	ve-na	med corpo	oration	submits this statement for the	purpose of	changing it	s registered
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agent. I.a	m familiar with, and accept the obligati	ons of, Section 607.0505,	Florida Statute	y tne es.	corporation					•
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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.

6.4 CITY, ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90029 006 ***150.00