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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 580975 (1)

1. Corporation Name
GALLOWAY'S, CLEMENTS & ASSOCIATES, INC.



Principal Place of Business

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS FL 33907-1077

Mailing Address

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS FL 33907-1077

3. Date Incorporated or Qualified
08/02/1978

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1859643

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

CLEMENTS, THERESA M.
4336 JAMI COURT
FT.MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

WILLIAM E. CLEMENTS

82 Street Address (P.O. Box Number is Not Acceptable)

4336 JAMI COURT

83

84 City

FORT MYERS

FL

85 Zip Code

33901

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 607.0506, Florida Statutes.

SIGNATURE

Signature and typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CLEMENTS, THERESA M.

STREET ADDRESS 4336 JAMI COURT

CITY-ST-ZIP FT MYERS FL 33901

TITLE AVP ☐ DELETE

NAME MOCARSKY, ANGELA M.

STREET ADDRESS 327 MORGAN CIRCLE N

CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE AVP ☐ DELETE

NAME CLEMENTS, LOUIS M

STREET ADDRESS 4336 JAMI CT

CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☐ Change ☒ Addition

1.2 NAME CLEMENTS, WILLIAM E.

1.3 STREET ADDRESS 4336 JAMI COURT

1.4 CITY-ST-ZIP FORT MYERS, FL. 33901

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/97 941-936-1231

CR2E034 (9/96)