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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F27967

1. Corporation Name

(1)

THOMAS GALT, INC.

FILED Feb 04 1997 8:00am Secretary of State



Principal Place 2700 EVANS A SUITE 3 FT MYERS FL		Mailing Address 2700 EVANS AVE. SUITE 3 FT MYERS FL 33901-5303						
US		US		3. Date Incorporated or Qualif 04/01/1981		3a. Date of Last Report 04/01/1996		
2. Principal F 21	Place of Business	2a. Mailing Address 26		······································	4. FEI Number 59-2078129		F	opplied For lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State			Election Campaign Financir Trust Fund Contribution	ng []	•	May Be I to Fees
Zip 24			Coun 30	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
 	9. Name and Address of Curre	nt Registered Agent		<u></u>	10. Name and Address of Nev	w Registered	Agent	
	OK, THOMAS LEE		[]	Name				
	0 EVANS AVE Te 3		L		ddress (P.O. Box Number is Not Acce	eptable)		
FT I	MYERS FL 33901		Ĺ	33 City			les 7in	Code
	$\sim 10^{\circ}$			City		FL	85 Zip	Code
office or agent. Its SIGNATURE	Signative, typed or printed name of registered as	gent and title if applicable (NC			orporation submits this statement for oration's board of directors. I hereby a cuired when reinstating)	- 11 - 9 DATE	(
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PD	L DELETE	1.1 TIT	.E			L Change	Addition
NAME	COOK, THOMAS LEE		1.2 NA					
STREET ADDRESS				EET ADDRESS				
CITY - S1 - ZIP	1.4 54			r-ST-ZIP			Change	Addition
TITLE NAME	FINCH, ROBERT H.		2.1 TITU 2.2 NAI				[] Change	Modition
STREET ADDRESS	4040 TELEGRI ANIA LAND			EET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL			Y-ST-ZIP				
TITLE		DELETE	3.1 TITI				Change	Addition
NAME			3.2 NA					
STREET ADDRESS			3.3 STA	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		DELETE	4.1 TIT	É			Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	EET ADDRESS				
CITY - ST - ZIP				1-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TM	1			L Change	Addition
NAME			5.2 NA					
STREET ADDRESS	,		5.3 STF	EET ADDRESS				
CITY - ST - ZIP				r-ST-ZIP			- Chan	Addition
TITLE		DELETE	61717	j			Change	Addition
NAME			62 NAI					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	<u> </u>		64 CIT	r-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:

337-1339