

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000803**

1. Corporation Name

**GALLOWAY, JOHNSON, TOMPKINS & BURR A PROFESIONAL  
LAW CORPORATION**

Principal Place of Business

**55 BAYBRIDGE DRIVE  
GULF BREEZE FL 32561  
US**

Mailing Address

**55 BAYBRIDGE DRIVE  
GULF BREEZE FL 32561  
US**

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90019 013 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1996**

4. FEI Number

**72-1089568**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

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

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**BURR, TIMOTHY T  
55 BAYBRIDGE DR  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GALLOWAY, JOHN E**  
STREET ADDRESS **4817 JANICE STREET**  
CITY-ST-ZIP **KENNER LA**

TITLE **V** ☐ DELETE

NAME **JOHNSON, J M**  
STREET ADDRESS **61 CHATEAU MOUTON DRIVE**  
CITY-ST-ZIP **KENNER LA**

TITLE **S** ☐ DELETE

NAME **TOMPKINS, JAMES M**  
STREET ADDRESS **2004 MILFORD**  
CITY-ST-ZIP **HOUSTON TX**

TITLE **T** ☐ DELETE

NAME **BURR, TIMOTHY F**  
STREET ADDRESS **8 SLEEPY HOLLOW LANE**  
CITY-ST-ZIP **SLIDELL LA**

TITLE **D** ☐ DELETE

NAME **SMITH, THOMAS J**  
STREET ADDRESS **403 RIVER OAKS DR.**  
CITY-ST-ZIP **COVINGTON LA**

TITLE **T** ☐ DELETE

NAME **BURR, TIMOTHY T**  
STREET ADDRESS **208 PINTREE DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 #

CR2E034 (5/99)

F960000000803  
L003697-90019-B

Question #12

Director

Timothy F. Burr  
208 Pinetree Drive  
Gulf Breeze, FL 32561

Director

John E. Galloway  
4817 Janice Avenue  
Kenner, LA 70062

Director

James M. Tompkins  
2004 Milford  
Houston, TX 77098

Director

Thomas J. Smith  
260 Bigner Street  
mandeville, LA 70471

Director

Larry Canada  
6915 Vicksburg Street  
New Orleans, LA 70124

Director

Richard Duplaintier  
856 City Park Ave  
New Orleans, LA 70119

Director

Michael Grimley  
102 Bordeaux Street  
Metairie, LA 70005

Director

Roger Allen  
309 Broadway  
New Orleans, LA 70118

Director

Mark Pharr  
1806 McDuffie  
Houston, TX 77019

Director

Jeffrey Diamond  
4535 Mulberry Park Lane  
Kingwood, TX 77345