

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90295 032 ***150.00

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AV

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1. Entity Name

GALLOWAY, JOHNSON, TOMPKINS, BURR & SMITH, A PROFESSIONAL LAW CORPORATION



Principal Place of Business

**1101 GULF BREEZE PKWY
SUITE 2
GULF BREEZE FL 32561
US**

Mailing Address

**1101 GULF BREEZE PKWY
SUITE 2
GULF BREEZE FL 32561
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

72-1089568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D GALLOWAY, JOHN E**
STREET ADDRESS **4817 JANICE STREET**
CITY-ST-ZIP **KENNER LA 70062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D PHARR, MARK**
STREET ADDRESS **412 E PARK BLVD**
CITY-ST-ZIP **LAFAYETTE LA 70508**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D TOMPKINS, JAMES M**
STREET ADDRESS **2004 MILFORD**
CITY-ST-ZIP **HOUSTON TX 77098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BURR, TIMOTHY F**
STREET ADDRESS **208 PINETREE DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SMITH, THOMAS J**
STREET ADDRESS **900 MAIN STREET**
CITY-ST-ZIP **MADISONVILLE LA 70447**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DIAMOND, JEFFREY**
STREET ADDRESS **4535 MULBERRY PARK LANE**
CITY-ST-ZIP **KINGWOOD TX 77345**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

(504)525-6802

CR2E034 (10/02)

Attachment.
Do# FA16000000803/10101118

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586 General Diaz
New Orleans, LA 70124

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6471 Gen Hair
New Orleans, LA 70124

William D. Jester
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20 Castle Pines
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New Orleans, LA 70115

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New Orleans, LA 70131