FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03772 (2)

1. Corporation Name
GALLERY OF CREATIONS, INC.

Principal Place of Business	Mailing Address
5839 S.E. OAK RD. RELVIEW FL 32620 US	P.O. BOX 7043 OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1982
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. BOX 2679
4. FEI Number: 59-2246523 ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23: City & State
28: City & State: BELLEVIEW, FL.
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24: Zip
25: Country
29: Zip: 34421
30: Country: Marion
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, MORRIS M.
711 SE 41 ST. AVE.
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name: Donna Distefano
82 Street Address (P.O. Box Number is Not Acceptable): 44 S.E. Chinica Dr.
83:
84 City: Summerfield, Fl. FL 85 Zip Code: 34491

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: Donna L. Distefano 4-25-95
DONNA L. DISTEFANO, PRES.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	1.1 TITLE	DPVS	☒ Change ☐ Addition
NAME	PRICE, MORRIS M	1.2 NAME	DONNA DISTEFANO	
STREET ADDRESS	711 S.E. 41ST AVENUE	1.3 STREET ADDRESS	44 S.E. Chinica Dr.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Summerfield, Fl. 34491	
TITLE	DT	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PRICE, GWENDOLYN S	2.2 NAME	DON HINSHAW	
STREET ADDRESS	711 S.E. 41ST AVENUE	2.3 STREET ADDRESS	14920 S.E. 106th Ave.	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Summerfield, Fl. 34491	
TITLE	DP	3.1 TITLE		☒ Change ☐ Addition
NAME	ALBRITTON, LUJEAN	3.2 NAME	"DELETE"	
STREET ADDRESS	833 S.E. 22ND STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donna L. Distefano 4-25-95 (904) 847-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONNA L. DISTEFANO, PRES.

0407648 FP