

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 -7 AM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G31362** (8)

1. Corporation Name
GALLOWAY CARPET AND RUG CO., INC.

Principal Place of Business	Mailing Address
% FREDERICK J. PRONK 8126 U. S. HIGHWAY 98 NORTH LAKELAND FL 33809	% FREDERICK J. PRONK 8126 U. S. HIGHWAY 98 NORTH LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/31/1983	03/30/1994
22		27		4. FEI Number	Applied For
23		28		59-2259208	Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRONK, FREDERICK J. 8126 U. S. HIGHWAY 98 NORTH LAKELAND FL 33809				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
(Signature must be printed in block letters of registered agent and the date printed) (Date of Registered Agent signature required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, TIMOTHY C	1.2 NAME	OLIVER, TIMOTHY C
STREET ADDRESS	948 RIDGEGREEN LOOP N.	1.3 STREET ADDRESS	126 WEST JULIANA WAY
CITY, ST, ZIP	LAKELAND FL	1.4 CITY, ST, ZIP	AUBURNDALE, FLORIDA 33823
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRONK, FREDERICK J	2.2 NAME	
STREET ADDRESS	4833 HIGHLAND PLACE DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 it would 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, changed, or on an attachment with an address.

SIGNATURE: DATE: 4-4-95 813-858-4212
(Signature and Printed Name of Signing Officer or Director) Date (Ink)