

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G31362** (8)

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



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

Mailing Address
**% FREDERICK J. PRONK
8126 U. S. HIGHWAY 98 NORTH
LAKELAND FL 33809**

3. Date Incorporated or Qualified: **03/31/1983**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2259208** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**PRONK, FREDERICK J.
8126 U. S. HIGHWAY 98 NORTH
LAKELAND FL 33809**

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 607.0507 and 607.1506, 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 607.0601, Florida Statutes.

SIGNATURE *Frederick J. Pronk, President*

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	OLIVER, TIMOTHY C	
STREET ADDRESS	126 WEST JULIANA WAY	
CITY-STATE-ZIP	AUBURDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRONK, FREDERICK J	
STREET ADDRESS	4833 HIGHLAND PLACE DR	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	Oliver, Timothy C.
1. STREET ADDRESS	Auburndale, FL 33823
1. CITY-STATE-ZIP	Lakeland, FL 33813
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 Book 12 or Book 13 if exempted, or registered, in the filing.

SIGNATURE *Frederick J. Pronk, President* 941-858-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)