## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

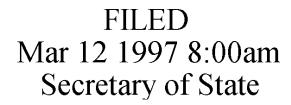
POCUMENT # G35815

(1)

GALLOWAY BUILDERS, INC.

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Principa!	Place	of	Bu	sin	ess	ì

Mailing Address





2270 SUNNYVII OVIEDO FL 32		2270 SUNNYVIEW OVIEDO FL 32765				
					3. Date Incorporated or Qualified 04/26/1983	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2282805	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			o. Continuate of Clares Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
—₁ Zip	Country	Zφ	Cou	ntry	8. This corporation has liability for in	
24	25	[29]	30			Yes No
	9. Name and Address of C	urrent Hegistered Agent		81 Name	10. Name and Address of New Reg	JISTOFOD AGENT
CLO	NINGER, EVELYN W.			Name		ţ
1519 WEST BROADWAY STREET			i	82 Street Ad	dress (P.O. Box Number is Not Acceptable	(e)
OVIE	EDO FL 32765			83		
				63		
		•		84 City		85 Zip Code
44						PL
office or re	to the provisions of Sections 60: ogistered agent, or both, in the m tamiliar with, and accept the i	State of Florida. Such chang	ge was authorize	d by the corpor	propriation submits this statement for the paration's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
	Signature, typed or printed name of register			Agent signature req	quired when reinstating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PVD	☐ DEL				Change Addition
NAME	GALLOWAY, STARLIN		1.2 N/	IME		J:
STREET ADDRESS	2270 SUNNYVIEW DR		1.3 \$1	REET ADDRESS		Į į
CITY-ST-ZIP	OVERO FL			TY-ST-ZIP		
TITLE	STD	☐ DE		I .		Change Addition
NAME	GALLOWAY, LOIS MAE		2.2 NJ	IM <del>E</del>	v.*	
STREET ADDRESS	2270 SUNNYVIEW DR		2.3 \$1	REET ADDRESS		į
CITY-ST-ZIP	OVIERO FL			ITY-ST-ZIP		
TITLE		DEI.				Change Addition
NAME			3.2 N/	IME .		
STREET ADDRESS			3.3 Sī	REET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DET				Change Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 S1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP	·····	
TITLE		☐ DEL		į		Change Addition
NAME			5.2 N/			
STREET ADDRESS				REET ADDRESS		1
CITY-ST-ZIP				IY-ST-ZIP		
TITLE		☐ DEC	1			Change Addition
NAME			62 N/			
STREET ADDRESS			6.3 ST	REET ADDRESS		ļ
CITY-ST-ZIP			6.4 CI	IY-ST-ZIP		

I do hereby certify that the information supplied with this filling 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 offect 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