

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H21635

(8)

1. Corporation Name

FIVE STAR EQUITY CORP.

APPROVED
AND
FILED

95 MAY -1 AM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2901 EAST WASHINGTON STREET
ORLANDO FL 32803

Mailing Address

2901 EAST WASHINGTON STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1984

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2449375

Applied For

Not Applicable

21. State: Apt. # etc.

26. State: Apt. # etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. City & State

28. City & State

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes

☐

Yes

☐

No

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLMAN, L. F.
2841 WRIGHT AVENUE
WINTER PARK FL 32789

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the qualifications of the person named under Florida Statutes.

SIGNATURE

Signature of the person named in the statement above.

Signature of the person named in the statement above.

Signature of the person named in the statement above.

12. OFFICERS AND DIRECTORS

12.1	DS
NAME	GALLMAN, L.F.
STREET ADDRESS	2841 WRIGHT AVENUE
CITY, ST, ZIP	WINTER PARK FL
12.2	PDT
NAME	GALLMAN, TIMOTHY B.
STREET ADDRESS	2901 EAST WASHINGTON ST.
CITY, ST, ZIP	ORLANDO FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. NAME	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY, ST, ZIP	
13.5	5. NAME	☐ Change ☐ Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY, ST, ZIP	
13.9	9. NAME	☐ Change ☐ Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY, ST, ZIP	
13.13	13. NAME	☐ Change ☐ Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or both, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Gallman

4/30/ (407) 644-9898