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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State **19**98 DIVISION OF CORPORATIONS 98 JUL -7 MM 9: 43 DOCUMENT # H51665 (8) UKE PALL UF STATE GALT REALTY, INC. Principal Place of Business Mailing Address 15501-8 MCGREGOR BLVD. C/O T. POELKER 4839 LAUREL LANE DO NOT WRITE IN THIS SPACE FT. MYERS FL 33908 FT. MYERS FL 33908 US 3. Date Incorporated or Qualified 04/08/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4839 LaurEL 26 59-2521897 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30 **Z** Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POELKER, THOMAS J. 4839 LAUREL LN. 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 83 City 85 Zip Code 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 any except the obligations of Section 677.0505. Florida Statutes. word **SIGNATURE** (NOTE: Rog-stered Agent signature required when reinstating) 12. OFFICE RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition NAME POELKER, THOMAS J. 12 NAME 3839 LAUREL LN. STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP **FO**RT MYERS FL 1.4 CITY - S1 - ZIP <del>40080258</del>6**48**4--0 DELETE -07/13/98--01669anon008 Addition TITLE 21 TITLE NAME 2.2 NAME \*\*\*\*163.75 \*\*\*\*163.75 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change TILE DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change TIFLE DELETE 4.1 THILE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETË TITLE 6.1 TITLE ☐ Chang NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustre 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 all aethers with an address

6-18-98

Thorida Nept of State To whom it may concern: Please be achioed that Sam not transacting business currently but Swin to keep this corporation active Lam awently residence in the Gook looking after the affairs of my elderly father and have been short of the tradvertently all of my mail is not reaching me in a timely fashion and this ienewal was misplaked by my wife . I touly hope you can situation present situation and accept the The penally would be a tremadous humanced funder of the time Respectfully submitted

Tono John fall

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