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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90196 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51665

1. Corporation Name
GALT REALTY, INC.

Principal Place of Business

4839 LAUREL LANE
FT. MYERS FL 33908
US

Mailing Address

C/O T. POELKER
4839 LAUREL LANE
FT. MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1985

4. FEI Number

59-2521897

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 201 MCGREGOR PARK CIRCLE
Suite, Apt. #, etc.

22 City & State
FORT MYERS FLA.

23 Zip 33908 County USA
24 33908 25 USA

2a. Mailing Address

26 201 MCGREGOR PARK CIRCLE
Suite, Apt. #, etc.

27 City & State
FORT MYERS, FLA.

28 Zip 33908 Country USA
29 33908 30 USA

9. Name and Address of Current Registered Agent

POELKER, THOMAS J.
4839 LAUREL LN.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

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

201 MCGREGOR PARK CIRCLE

83

84 City

FL

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

PRES.

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME POELKER, THOMAS J.
STREET ADDRESS: 3839 LAUREL LN.
CITY-ST-ZIP FORT MYERS FL 201 MCGREGOR PARK CIRCLE
FORT MYERS FLA.

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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(1)(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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99 941-482-1754

CR2E034 (1/98)