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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J91456 (0)

1. Corporation Name
GALAXY FIREWORKS, INCORPORATED



Principal Place of Business

Mailing Address

2301 NORTH DALE MABRY HWY
TAMPA FL 33607

2301 NORTH DALE MABRY HWY
TAMPA FL 33607-2548

3. Date Incorporated or Qualified
09/02/1987

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 204 E. MARTIN LUTHER KING

25 204 E. MARTIN LUTHER KING BLVD.

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33603

25 HILLSBOROUGH

29 33603

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNNEWELL, SHARON L.
17300 RIVERSTONE DRIVE
LUTZ FL 33549

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 607.0502 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

Sharon Hunnewell

(NOTE: Registered Agent signature required when reinstating)

2/10/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

NAME HUNNEWELL, SHARON L.
STREET ADDRESS 17300 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME HUNNEWELL, DANIEL T.
STREET ADDRESS 17300 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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.

SIGNATURE:

Sharon Hunnewell

2/10/97

Date

Daytime Phone #

813 234-2264

CR2E034 (9/96)