FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48857 (2)

1. Corporate Name
GALLIMORE REALTY, INC.

Principal Place of Business
1051 WINDERLEY PLACE
#307
MAITLAND FL 32751
US

Mailing Address
1051 WINDERLEY PLACE
#307
MAITLAND FL 32751
US

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified
12/02/1988

3a. Date of Last Report
04/15/1994

2. Principal Place of Business
21

2a. Mailing Address
26

22 State Apt # or Rte

27 State Apt # or Rte

23 City, State

28 City, State

24 City 25 State 29 City 30 State

4. FEI Number
59-2921686

Applied For
Not Applicable

5. Contributed Under Chapter
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

8. Does corporation have, or does it intend to have, shares subject to Chapter 517, Florida Statutes?
Yes No

9. Name and Address of Current Registered Agent

GALLIMORE, E. LYNDON
1051 WINDERELY PLACE
#307
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 Section 607.0505, 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 duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

TITLE	DP
NAME	GALLIMORE, E. LYNDON
STREET ADDRESS	1486 GRACE LAKE CIRLCE
CITY, ST, ZIP	LONGWOOD FL
TITLE	D
NAME	GALLIMORE, ELLSWORTH G.
STREET ADDRESS	1051 WINDERLEY PLACE STE 307
CITY, ST, ZIP	MAITLAND FL
TITLE	T
NAME	GALLIMORE, E. LYNDON
STREET ADDRESS	1486 GRACE LAKE CIR
CITY, ST, ZIP	LONGWOOD FL
TITLE	VSD
NAME	GALLIMORE, COURTNEY B.
STREET ADDRESS	1534 NORTH RIDGE LAKE CIR
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA

TITLE		Change Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		X Change Add/Del
NAME	Gallimore, Courtney B.	
STREET ADDRESS	1925 Benhurst Place	
CITY, ST, ZIP	Maitland, FL 32751	
TITLE		Change Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		Change Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors, as they appear on the latest annual report filed with the Department.

SIGNATURE: Courtney B. Gallimore, Vice Pres. 5/1/95 407-667-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0042020 CP