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Secretary of State

05-17-1999 90078 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # L45295

1. Corporation Name
GEORGE W. GALVIN, INC
~~9343 S.W. 1ST STREET~~ 6561 PETERS ROAD
PLANTATION, FL. ~~33324~~ 33317

Principal Place of Business
6561 PETERS ROAD
~~9343 S.W. 1ST STREET~~
PLANTATION, FL. ~~33324~~ 33317

Mailing Address
6561 PETERS ROAD
~~9343 S.W. 1ST STREET~~
PLANTATION, FL. ~~33324~~ 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01-22-1990

2. Principal Place of Business
21 6561 PETERS ROAD
22 Suite, Apt. #, etc.
23 City & State: PLANTATION, FL
24 Zip: 33317 25 Country: US

2a. Mailing Address
26 6561 PETERS ROAD
27 Suite, Apt. #, etc.
28 City & State: PLANTATION, FL
29 Zip: 33317 30 Country: US

4. FEI Number: 65-0167057 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

GALVIN, GEORGE W.
~~9343 S.W. 1ST STREET~~ 6561 PETERS ROAD
PLANTATION, FL. ~~33324~~ 33317

10. Name and Address of New Registered Agent

81 Name: GALVIN, GEORGE W
82 Street Address (P.O. Box Number is Not Acceptable): 6561 PETERS ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALVIN, GEORGE W. ~~9343 S.W. 1ST STREET~~ PLANTATION, FL. ~~33324~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 6561 PETERS ROAD PLANTATION FL 33317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S,T,D GALVIN, GEORGE W. ~~9343 S.W. 1ST STREET~~ PLANTATION, FL. ~~33324~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 6561 PETERS ROAD PLANTATION FL 33317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: George W Galvin 05-14-1999 (954)791-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)