# 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 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84420** **(3)**

1. Corporate Name

**GALLION WOODWORKS, INC.**

Principal Place of Business

C/O ROBERT D. CUMMINGS
3005 PARTRIDGE DR.
PENSACOLA FL 32526-3607

Mailing Address

C/O ROBERT D. CUMMINGS
3005 PARTRIDGE DR.
PENSACOLA FL 32526-3607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1990**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3017267** ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CUMMINGS, ROBERT D.**
**3005 PARTRIDGE DR.**
**PENSACOLA FL 32526-3607**

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 607.1007 and/or 617.1908, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| Title / Name / Street Address / City-St-Zip | DP<br>CUMMINGS, ROBERT D.<br>3005 PARTRIDGE DR.<br>PENSACOLA FL |
| Title / Name / Street Address / City-St-Zip | DST<br>CUMMINGS, BONNIE L.<br>3005 PARTRIDGE DR.<br>PENSACOLA FL |
| Title / Name / Street Address / City-St-Zip | V<br>CUMMINGS, ANGELA D<br>3015 PARTRIDGE DRIVE<br>PENSACOLA FL |
| 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/OR DIRECTORS, IN 12

| | | |
|---|---|---|
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | 3005 Partridge Drive | ☒ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | V<br>CUMMINGS, MELISSA A<br>3005 PARTRIDGE DRIVE<br>PENSACOLA FL | ☐ Change ☒ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |

14. I declare I certify that the information supplied with this report is accurately furnished and does not qualify for the exemptions 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 1, or Block 11 if changed, or is otherwise entered with my address.

**SIGNATURE:** Bonnie L Cummings Bonnie L. Cummings 4/27/95 (904)455-7297

SIGNATURE AND TYPED OR PRINTED NAME OF BONNIE OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0388004 CP