**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:12

DOCUMENT # L88730 (1)

1. Corporation Name
GALE CONTRACTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 15120 RIVERBEND BLVD.<br>SUITE 604<br>NORTH FT. MYERS FL 33917 | 15120 RIVERBEND BLVD.<br>SUITE 604<br>NORTH FT. MYERS FL 33917 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1990
3a. Date of Last Report: 03/25/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2217 FOWLER | 26 15361 RIVER VISTA DR. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. 1001 |
| 23 City & State FT. MYERS, FL. | 28 N. FT. MYERS, FL. |
| 24 Zip 33901 / 25 Country LEE | 29 Zip 33917 / 30 Country LEE |

4. FEI Number: 65-0204771 ☐ 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

BOGENN, GALE A.
15120 RIVERBEND BLVD.
SUITE 604
NORTH FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: BOGENN, GALE A.
82 Street Address (P.O. Box Number is Not Acceptable): 15361 RIVER VISTA DR.
83: SUITE 1001
84 City: N. FT. MYERS FL 85 Zip Code: 33917

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.) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BOGENN, GALE A. | 1.2 NAME | BOGENN, GALE A. | |
| STREET ADDRESS | 16051-2 ONEAL DR. NE | 1.3 STREET ADDRESS | 15361 RIVER VISTA DR # 1001 | |
| CITY-ST-ZIP | NORTH FT MYERS FL | 1.4 CITY-ST-ZIP | N. FT. MYERS, FL. 33917 | |
| TITLE | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gale Bogenn GALE BOGENN 1-12-95 813-334-8113
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0480325 FP