

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M90470** (9)

1. Corporation Name

BF GALLERIA, INC.



Principal Place of Business

**10801 STARKEY ROAD
16
LARGO FL 34689
US**

Mailing Address

**10801 STARKEY ROAD
16
LARGO FL 34689
US**

3. Date Incorporated or Qualified

07/21/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2896223

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. 198.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGILLEN, ROBERT L.
10801 STARKEY ROAD #16
LARGO FL 34689**

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

Signature typed or printed name of registered agent, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
MCGILLEN, ROBERT L.
STREET ADDRESS **10801 STARKEY ROAD #6**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **D**
MCGILLEN, VIVIAN L.
STREET ADDRESS **10801 STARKEY ROAD #16**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: **X** *Robert L. McGillen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)