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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P04015** **(4)**

1. Corporation Name
GALLO EQUIPMENT CO.

Principal Place of Business	Mailing Address
11835 SOUTH AVENUE O CHICAGO IL 60617	11835 SOUTH AVENUE O CHICAGO IL 60617 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1984
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 36-2667194 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLO, RONALD T.
12500 NW 35RD ST
CORAL SPRING FL 33065

10. Name and Address of New Registered Agent

81 Name: ACCARDI, PATRICIA M.
82 Street Address (P.O. Box Number Is Not Acceptable): 6215 NW 44TH ST.
83
84 City: CORAL SPRINGS 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: X Patricia M Accardi V.P. DATE: 6/30/95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLO, MICHAEL A. SR	1.2 NAME	
STREET ADDRESS	6227 NW 44TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	GALLO, MICHAEL W. JR	2.2 NAME	
STREET ADDRESS	BOX 348-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE VILLAGE IN	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GALLO, EMILY R.	3.2 NAME	
STREET ADDRESS	6227 NW 44TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ACCARDI, PATRICIA M.	4.2 NAME	
STREET ADDRESS	6215 NW 44TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	GALLO, ROBERT	5.2 NAME	
STREET ADDRESS	6207 W. 129TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS HEIGHTS IL	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: X Patricia M Accardi VP 6/30/95 (305) 752-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490438 FP