

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Northing
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY -1 PM 11:29

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P13151

(6)

1. Corporation Name

RICHARD M. GALKIN ASSOCIATES, INC.

2. Principal Office Address

5284 BOCA MARINA CIRCLE SOUTH
BOCA RATON FL 33487

3. Mailing Address

5284 BOCA MARINA CIRCLE SOUTH
BOCA RATON FL 33487

(PRINT OR TYPE IN THIS SPACE)

3. Date of Incorporation or Address	3a. Date of Last Report
02/06/1987	06/03/1994
4. FIC Number	Approved For Not Applicable
13-3051784	
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 failed to file information tax under 22-110, Fla. Stat.	
Yes ☒ No ☐	

2. Principal Office Address	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

GALKIN, RICHARD M.
5284 BOCA MARINA CIR S
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (Do Not Leave Blank)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, certify that the information contained in this filing is voluntarily furnished and checked against the information contained in the public records of the State of Florida, and that the information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and am qualified to execute this report as required by Chapter 22, Florida Statutes, and that my name appears on the list of filers for the year 1995.

SIGNATURE

12. PSD GALKIN, RICHARD M. 5284 BOCA MARINA CIR. S. BOCA RATON FL	13. ADDITIONAL INFORMATION TO BE FURNISHED BY THE CORPORATION Change Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

14. I, the undersigned, certify that the information contained in this filing is voluntarily furnished and checked against the information contained in the public records of the State of Florida, and that the information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and am qualified to execute this report as required by Chapter 22, Florida Statutes, and that my name appears on the list of filers for the year 1995.

SIGNATURE:

Richard M. Galkin Richard Galkin 4/27/95 407-994-3489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR