

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014523 (3)

1. Corporation Name

GALLIMORE & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1051 WINDERLEY PLACE
SUITE 307
MAITLAND FL 32751
US

Mailing Address

1051 WINDERLEY PL
SUITE 307
MAITLAND FL 32751
US

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FFI Number

59-3169297

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLIMORE, ELLSWORTH G
1051 WINDERLEY PL
SUITE 307
MAITLAND FL 32751

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

Agent or Agent's authorized representative (print name and title)

Registered Agent (print name and title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME
PD
GALLIMORE, ELLSWORTH G
1051 WINDERLEY PLACE, SUITE 307
MAITLAND FL

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

12.2 NAME
VSD
GALLIMORE, E L
1051 WINDERLEY PLACE, SUITE 307
MAITLAND FL

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

12.3 NAME
VTD
GALLIMORE, COURTNEY B
1051 WINDERLEY PLACE, SUITE 307
MAITLAND FL

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

12.4 NAME
V
WARD, LOUISE A.
1051 WINDERLEY PLACE, SUITE 307
MAITLAND FL

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

12.5 NAME
12.6 NAME
12.7 NAME
12.8 NAME
12.9 NAME
12.10 NAME

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

12.11 NAME
12.12 NAME
12.13 NAME
12.14 NAME
12.15 NAME
12.16 NAME

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.05(2)(b), Florida Statutes. I further certify that the information included 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 registered or business corporation to which this report is required by Chapter 190, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Louise A. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louise A. Ward, Vice President

4/28/95

(407) 667-0100