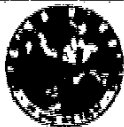


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027331 (6)

1. Corporation Name

GALLERY IN GADSDEN, INC.

Principal Place of Business

14 EAST WASHINGTON ST.
QUINCY FL 32351
US

Mailing Address

14 EAST WASHINGTON ST.
QUINCY FL 32351
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

08/10/1994

4. FEI Number

59-3211225

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. 119.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SAMPSON, JOEL D
229 E WASHINGTON ST
QUINCY FL 32351

10. Name and Address of New Registered Agent

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 and file # application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUMMISKEY, WENDY
STREET ADDRESS	3823 WIGGINTON RD.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	V
NAME	PAULSTER, A. CAROLE
STREET ADDRESS	2015 FOREST GLEN CT.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	S
NAME	ECHTERNACHT, KEN
STREET ADDRESS	3220 SHARER ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	SAMPSON, JOEL
STREET ADDRESS	229 EAST WASHINGTON ST.
CITY - ST - ZIP	QUINCY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRES	☒ Change ☐ Addition
2. NAME	KEN ECHTERNACHT	
3. STREET ADDRESS	3220 SHARER RD	
4. CITY - ST - ZIP	TALLAHASSEE, FL 32312	
5. TITLE	V. PRES	☒ Change ☐ Addition
6. NAME	WENDY CUMMISKEY	
7. STREET ADDRESS	3823 WIGGINTON RD	
8. CITY - ST - ZIP	TALLAHASSEE, FL 32303	
9. TITLE	SEC.	☒ Change ☐ Addition
10. NAME	DONNA OXFORD	
11. STREET ADDRESS	RT. 6 BOX 8512	
12. CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	
13. TITLE	TRES.	☐ Change ☐ Addition
14. NAME	SAME	
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL D. SAMPSON

Date

4-6-95

Signature Printed

904-875-9348