FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
14 EAST WASHINGTON ST. QUINCY FL 32351 US	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**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUMMISKEY, WENDY 3823 WIGGINTON RD. TALLAHASSEE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition PRES KEN ECHTERNACHT 3220 SHARER RD TALLAHASSEE, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAULSTER, A. CAROLE 2015 FOREST GLEN CT. TALLAHASSEE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition V. PRES WENDY CUMMISKEY 3823 WIGGINTON RD TALLAHASSEE, FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ECHTERNACHT, KEN 3220 SHARER ROAD TALLAHASSEE FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition SEC. DONNA OXFORD RT. 6, BOX 8512 CRAWFORDVILLE, FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAMPSON, JOEL 229 EAST WASHINGTON ST. QUINCY FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition TREAS. SAME ←
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JOEL D. SAMPSON 4.6.95 904.875.9348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000074 CP