

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
04/14/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3211225

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMPSON, JOEL D
229 E WASHINGTON ST
QUINCY FL 32351

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 as it will appear on

(NOTE: Signature of Agent must be typed on this line.)

2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
ECHERNACHT, KEN
3220 SHARER ROAD
TALLAHASSEE FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
CUMMISKEY, WENDY
3823 WIGGINTON ROAD
TALLAHASSEE FL

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SC
OXFORD, DONNA
ROUTE 6 BOX 8512
CRAWFORDVILLE FL

☒ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY- ST- ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
SAMPSON, JOEL
229 EAST WASHINGTON ST.
QUINCY FL

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. 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(4)(b), 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

2/22/96

904-875-4348

CR2E034 (12/95)