

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90118 029 \*\*\*150.00

DOCUMENT # P93000072581

1. Corporation Name

GALLO AND SCHILLING REAL ESTATE, INCORPORATED  
GALLO AND BROWN REAL ESTATE INC.

Principal Place of Business

1940 HOWELL BR. RD.  
WINTER PARK FL 32792  
US

Mailing Address

1940 HOWELL BR. RD.  
WINTER PARK FL 32792  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

59-3205926

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3213 Thistlehill Dr

2a. Mailing Address

26 168 E Lakeshore Dr

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Winter Park FL

City & State

28 Clermont

Zip

24 32792

Country

25 USA

Zip

29 34711

Country

30 USA

9. Name and Address of Current Registered Agent

GALLO, GERRI G  
8112 PAMUNCO ST  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name GERRI G. GALLO

82 Street Address (P.O. Box Number is Not Acceptable)  
168 E. Lakeshore Dr.

83

84 City Clermont

FL

85 Zip Code 34711

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GALLO, GERRI G  
STREET ADDRESS 168 LAKEHORE DR E  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME ELEANOR G. BOUNCE  
1.3 STREET ADDRESS 168 E Lakeshore DR  
1.4 CITY-ST-ZIP Clermont FL 34711

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Gerri G. Gallo

4-25-99

Date

Daytime Phone #

CR2E034 (11/98)

0062439