

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90304 011 ***150.00

DOCUMENT # P93000083759

1. Corporation Name

GALLOWAY TOO INSURANCE, INC.

Principal Place of Business

12884 SW 87 AVE
MIAMI FL 33176

Mailing Address

12884 SW 87 AVE
MIAMI FL 33176

2. Principal Place of Business

21 4704 LEJEUNE RD.

2a. Mailing Address

26 4704 LEJEUNE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL GABLES FL

City & State

28 CORAL GABLES FL

Zip

24 33146

Country

25 USA

Zip

29 33146

Country

30

9. Name and Address of Current Registered Agent

ARMSTRONG, WILLIAM K
12884 SW 87TH AVE.
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0453777

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

10. Name and Address of New Registered Agent

81 Name

William K. ARMSTRONG

82 Street Address (P.O. Box Number is Not Acceptable)

4704 LEJEUNE RD.

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

William K. Armstrong

William K. ARMSTRONG ST

4/15/99

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 ☐ DELETE

NAME P
ARMSTRONG, PAMELA G
STREET ADDRESS 12884 SW 87 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ST
ARMSTRONG, WILLIAM KEN
STREET ADDRESS 12884 SW 87 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PAMELA G. ARMSTRONG P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4704 LEJEUNE RD.

1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME William KEN ARMSTRONG

2.3 STREET ADDRESS 4704 LEJEUNE RD.

2.4 CITY-ST-ZIP CORAL GABLES, FL 33146

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:

WILLIAM K. ARMSTRONG

William K. ARMSTRONG

Date

Daytime Phone #

4/15/99

(305) 649 6766

CR2E034 (11/98)