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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000088397 (3)

1. Corporation Name
GALE INDUSTRIES, INC.



Principal Place of Business
**1126-C BEVILLE ROAD
DAYTONA BEACH FL 32114**

Mailing Address
**1124-G BEVILLE ROAD
DAYTONA BEACH FL 32114-5768**

2. Principal Place of Business
21 **2339 BEVILLE ROAD**

2a. Mailing Address
26 **2339 BEVILLE ROAD**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **DAYTONA BEACH, FL**

City & State
28 **DAYTONA BEACH, FL**

Zip
24 **32119**

Country
25 **USA**

Zip
29 **32119**

Country
30 **USA**

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
04/30/1996

4. FEI Number
59-3214406

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEMERAND, L. GALE	
STREET ADDRESS	1124-G BEVILLE ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GARGARO, EUGENE A JR	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI 48180	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	MOSTELLER, RICHARD G	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI 48180	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI 48180	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	D'ATTOMO, ANTHONY	
STREET ADDRESS	1124-G BEVILLE ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEMARIE, DONNIE	
STREET ADDRESS	1124-G BEVILLE ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY D'ATTOMO

Date: **1/10/97**
Daytime Phone # **(904) 253-5777** OR **(904) 304-2222** after 1/24h.
0021083

CR2E034 (9/96)