

FILE NOW: FILING FEE AFTER MAY 1 IS \$51

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mc
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # P94000007168 (5)
1. Corporation Name
GALCHICK ENTERPRISES, INC.



Principal Place of Business

1167 W HIGHWAY 80
LAKE CITY FL 32055
US

Mailing Address

RT. 17, BOX 2240
LAKE CITY FL 32055-9817
US

3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3215779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip City

9. Name and Address of Current Registered Agent

SCOTT GALCHICK
RT. 17, BOX 2240
LAKE CITY FL 32055

1. Name

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

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 and title if applicable

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRE
GALCHICK, SCOTT
ROUTE 17, BOX 2240
LAKE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Scott Galchick

4-24-97

05/21/97

CR2E034 (9/96)