

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000012864 (2)**

1. Corporation Name
THE GALLERY, INC.

Principal Place of Business
**9735 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257**

Mailing Address
**9735 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257**

FILED

98 AUG 10 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3224984	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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
9. Name and Address of Current Registered Agent KOEGLER, STEVEN C 4855 SALISBURY ROAD SUITE 390 JACKSONVILLE FL 32258				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				86	

9. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C
4855 SALISBURY ROAD SUITE 390
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALMERS, GWENDOLYN M	1.2 NAME	
STREET ADDRESS	2835 FOREST CIRCLE	1.3 STREET ADDRESS	600002615736--6
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	-08/14/98-01004--020
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDERS, SUZANNE	2.2 NAME	
STREET ADDRESS	4286 HILLWOOD ROAD	2.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDERS, ARTHUR	3.2 NAME	
STREET ADDRESS	4286 HILLWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature] **8/12** **901 260 620C**

0120622

CR2E034 (5/98)

**NUMBER #1 BUSINESS
SERVICES**

1241 S. MMCDUFF AVE
JACKSONVILLE, FL 32205
(904) 387-1172
(904) 384-2758 FAX

PSJ

July 24, 1998

The Gallery Inc

9735 old St. Augustine Rd

Jacksonville, FL 32257

To whom it may concern:

This is to inform you that we never received the first corporation annual filing report, therefore it was never paid. I realized this when I received the second notice. I am sending a check for the \$150.00 and would appreciate any consideration on the removal of the penalty.

Sincerely,


Suzanne Ryder

President