FILED ற்o Uniform Business Report (UBR) Aug 24, 2000 8:00 am Secretary of State JOCUMENT # P94000012864 THE GALLERY, INC. 08-24-2000 90076 007 ***150.00 Principal Place of Business Mailing Address 9735 OLD ST AUGUSTINE ROAD 9735 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 1 philaber 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3224984 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOEGLER, STEVEN C Street Address (P.O. Box Number is Not Acceptable) 4655 SALISBURY ROAD SUITE 390 JACKSONVILLE FL 32256 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Arjent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TATLE TITLE Change Delete Addition NAME CHALMERS, GWENDOLYN M MAME STREET ADDRESS 2635 FOREST CIRCLE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP JACKSONVILLE FL 32257 TITLE ☐ Defele TITLE Change Addition NAME RYDERS, SUZANNE NAME STREET ADDRESS 4266 HILLWOOD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP TIFLE Delete TITLE ☐ Change Addition RYDERS, ARTHUR NAME NAME STREET ADDRESS 4266 HILLWOOD ROAD STREET ADDRESS CITY-ST-7IF JACKSONVILLE FL 32223 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

of the corporation or the receiver changed, or on an attachment w

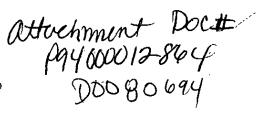
SIGNATURE:

h an address, with all other like Impowered

URE NOW PED ON PRINTED NAME

THE GALLERY INC

9735 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 (904) 260-0202



August 15, 2000

The Gallery Inc 9735 Old St Augustine Rd Jacksonville, FL 32257

To Whom It May Concern:

This is to inform you that I 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.

Thank you,

Suzanne Ryder President