

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT



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

FILED

97 MAY 27 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000021905

1. Corporation Name

GALLANT R.E. TRUST, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 15000 Waverly St.

2a. Mailing Address

26 15000 Waverly St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 34620

27 City & State

28 Clearwater, FL

29 34620

30

4. FEI Number

59-3231574

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

Gallant, Gerald  
15000 Waverly Street  
Clearwater, FL 34620

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/97

DATE

12. President

NAME: Gerald Gallant  
STREET ADDRESS: 15000 WAVERLY ST  
CITY-STATE-ZIP: Clearwater FL 34620

13. Secretary

NAME: Suzanne Gallant  
STREET ADDRESS: 15000 WAVERLY ST  
CITY-STATE-ZIP: Clearwater FL 34620

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

100002196771-5  
-05/30/97--01119-015  
\*\*\*\*365.00 \*\*\*\*365.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.06(4), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

DATE

(813) 536-6866

Daytime Phone #

CR2E034 (9/96)



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 15, 1997

GALLANT R.E. TRUST, INC.  
15000 WAVERLY STREET  
CLEARWATER, FL 34620

SUBJECT: GALLANT R.E. TRUST, INC.  
Ref. Number: P94000021905

We have received your document for GALLANT R.E. TRUST, INC. and check(s) totaling \$365.00. However, your check(s) and document are being returned for the following:

Please list the title(s) of each officer in your document.

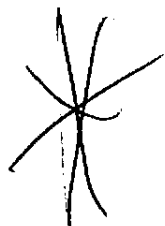
You must list the names and street addresses of the officers and directors of the corporation on the form/application.

This document must be returned with your letter to my personal and confidential attention to insure proper handling.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Leslie Sellers  
Document Specialist

Letter Number: 597A00026097



WE ARE MOVING OUR PRICIPAL PLACE OF BUSINESS  
ALSO OUR MAILING ADDRESS SAME AS BUSINESS

TO: 3545 PhayerA Drive  
New Port Richey  
FL. 34655

WE ARE MOVING MAY 30, 1997