SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:17

DOCUMENT # P94000027546 (8)

1. Corporation Name

GALWAY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~237 BRIER CIR~~ ~~JUPITER FL 33458~~	~~237 BRIER CIR~~ ~~JUPITER FL 33458~~
136 E. Hampton Way, Jupiter Fl. 33458 (same)	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Street, Apt. #, etc.: 136 E. Hampton Way
22 City & State: Jupiter, Fl
23 Zip: 33458
24 Country:

2a. Mailing Address
26 Street, Apt. #, etc.: 136 E. Hampton Way
27 City & State: Jupiter, Fl
28 Zip: 33458
29 Country: Palm Beach

4. FEI Number: ☐ 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

SKAKANDY, JACK S
~~237 BRIER CIR~~
~~JUPITER FL 33458~~
136 - E. Hampton WAY
Jupiter, FL - 33458

10. Name and Address of New Registered Agent

91 Name: Jack Stephen Skakandy SAME.
92 Street Address (P.O. Box Number is Not Acceptable): 136 E. Hampton Way
93
94 City: Jupiter FL 95 Zip Code: 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jack Stephen Skakandy 1. Pres & Dir	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	136 E. Hampton Way Jupiter, Fl., 33458	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy M. Skakandy Sec/Treasure.. Dir. 2.	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	136 E. Hampton Way Jupiter, Fl., 33458	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jack Stephen Skakandy Jack 20-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Jack Stephen Skakandy, Pres. MAILED AUG 8 1995
Daytime Phone #

0000260 CP