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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000038612 (5)

1. Corporation Name
GALBREATH FABRICATION, INC.

Principal Place of Business

103 HWY 277 S
CHIPLEY FL 32428

Mailing Address

103 HWY 277 S
CHIPLEY FL 32428



2. Principal Place of Business

21 Rt. 1 Box 424 B
Suite, Apt. #, etc.

22 City & State
Bonifay, Florida
Zip 32425 Country

24 32425

25

2a. Mailing Address

26 P.O. Box 718
Suite, Apt. #, etc.

27 City & State
Chipley, FL
Zip 32428 Country

29 32428

30

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3246587

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

GALBREATH, CLAYTON
103 HWY 277 S Rt. 1 Box 424 B
CHIPLEY FL 32428 Bonifay, FL 32425

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 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

TITLE PD
NAME GALBREATH, CLAYTON
STREET ADDRESS 103 HWY 277 S
CITY - ST - ZIP CHIPLEY FL
☐ DELETE

TITLE STD
NAME GALBREATH, CURTIS
STREET ADDRESS 103 HWY 277 S
CITY - ST - ZIP CHIPLEY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Galbreath, Clayton
1.3 STREET ADDRESS Rt. 1 Box 424 B
1.4 CITY - ST - ZIP Bonifay, FL 32425
☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME Galbreath, Curtis
2.3 STREET ADDRESS Rt. 1 Box 424 B
2.4 CITY - ST - ZIP Bonifay, FL 32425
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ 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:

Clayton Galbreath
President

2/12/97

904-688-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)