## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000072627 (0) **DOCUMENT #** 

GALBRAITH FAR	IMIC INIC

Principal Place of Business Mailing Address					T TERRIDOR AND NEWS COURT BOWN BRISH BOWN BOWN TRANSPORTED BY NO BY SUBSTRUCTURE AND STATES AND STA			
360 Central Suite 1300 St Petersbu		360 CENTRAL AVE SUITE 1300 ST PETERSBURG FL	33701					
					3. Date incorporated or Qualified 10/04/1994	3a. Date of Last Report 03/03/1995		
· ·	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3276425	Not Applica	ble	
Suite, Apt. a		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona Fee Required	t	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S \$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30		This corporation has liability for Florida Statutes	r intangible tax under s 199.032, s \[ \int No		
	<ol><li>Name and Address of Current</li></ol>	ent Registered Agent			10. Name and Address of New	Registered Agent	_	
			81	Name				
	TH, JOHN W		82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	TRAL AVE		83	<del></del>				
SUITE 13	RSBURG FL 33701		03					
SI FEIE	NODURG FL 33/VI		84	City		85 Zip Code		
or registere	eu agent, or both, in the State of Flo	rida. Such chande was authori	zed by the com-	amed corpor oration's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered of countrient as registered agent. I an	ffice	
tamılar wit	n, and accept the obligations of, Sec	ction 607.0505, Florida Statute	S.					
SIGNATURE _	Signature, typod or printed name of registered age	ent and title if applicable (N	OTE: Registered Agen	signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			FICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1. 1 TOTLE			Change Addition	)n	
NAME	GALBRAITH, JOHN W	_	1.2 NAME					
STREET ADDRESS	ONE BEACH DR SUITE 180	)2	1.3 STREET	address				
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4 CITY - S	- ZIP				
TITLE	D CALEDATEL BOSCHADY	☐ DELETE	2. 1 TITLE			Change Addition	'n	
NAME STORES ADDRESS	GALBRAITH, ROSEMARY ONE BEACH DR SUITE 180	10	2.2 NAME					
STREET ADDRESS	ST PETERSBURG FL 33701	12	2.3 STREET	1				
CITY-ST-7IP TITLE	OT FETENODONG FE 3370)	T ] DELETE	24 CITY-S	- ZIP		Change Additio		
NAME			3.2 NAME			C cuange C Applico	Л	
STREET ADDRESS			3.3. STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY-S					
TITLE		☐ DELETE	4. 1 TITLE	24		☐ Change ☐ Additio	n .	
NAME			4.2 NAME					
STHEET ADDRESS			4.3 STREET	ADDRESS				
CITY-S1-ZIP			4.4 CITY - ST	- ZIP				
THTLE		□ DELETE	5. 1 TITLE			Change Additio	n	
NAME			5.2 NAME					
STREET ADDRESS			53 STFEET	ADORESS				
CITY-ST-ZIP			54 CITY-S1	- ZIP				
TIILE		☐ DELETE	6 1 TITLE			☐ Change ☐ Additio	n	
NAME			62 NAME				}	
STREET ADDRESS			6.3 STREET	ADDRESS				
C17 V . ST . 7(P			CARITY CT	70				

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)(k), 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 of 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 A changed, or of an altay himself with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

24 hpril 96 813-823-2578