

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

FILED
Apr 04 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 # P94000072627 (0)

1. Corporation Name:
GALBRAITH FARMS, INC.



Principal Place of Business
360 CENTRAL AVE
SUITE 1300
ST PETERSBURG FL 33701

Mailing Address
360 CENTRAL AVE
SUITE 1300
ST PETERSBURG FL 33701-3838

3. Date Incorporated or Qualified
10/04/1994

3a. Date of Last Report
04/29/1996

4. FEI Number
59-3276425

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

GALBRAITH, JOHN W
360 CENTRAL AVE
SUITE 1300
ST PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D.P.T.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBRAITH, JOHN W			1.2 NAME	Galbraith, John W.		
STREET ADDRESS	ONE BEACH DR SUITE 1802			1.3 STREET ADDRESS	One Beach Drive Apt 1802		
CITY-ST-ZIP	ST PETERSBURG FL 33701			1.4 CITY-ST-ZIP	St. Petersburg, Fl 33701		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D.VP, S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBRAITH, ROSEMARY			2.2 NAME	Galbraith, Rosemary		
STREET ADDRESS	ONE BEACH DR SUITE 1802			2.3 STREET ADDRESS	One Beach Drive, Apt 1802		
CITY-ST-ZIP	ST PETERSBURG FL 33701			2.4 CITY-ST-ZIP	St. Petersburg, Fl 33701		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Rebecca Galbraith		
STREET ADDRESS				3.3 STREET ADDRESS	2561 November Hill Farm		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Keswick, Va. 22947		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: John W. Galbraith REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/31/97 813-823-2578
Date Daytime Phone #

CR2E034 (9/96)