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May 08 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 # P94000092713 (4)

1. Corporation Name  
GALLAMORE TRUCKING, INC.

Principal Place of Business

3165 SHINEY CT  
KISSIMMEE FL 34744  
US

Mailing Address

3165 SHINEY CT.  
KISSIMMEE FL 34744-0468  
US

3. Date Incorporated or Qualified  
12/23/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 4410 Semoran Farms Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 4410 Semoran Farms Rd  
Suite, Apt. #, etc.

4. FEI Number  
59-3293254

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Kissimmee, FL

City & State

28 Kissimmee, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 34744

Country  
25 Osceola

Zip  
29 34744

Country  
30 Osceola

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GALLAMORE, RICK  
3165 SHINEY CT  
KISSIMMEE FL

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 D  
NAME GALLAMORE, RICK  
STREET ADDRESS 3165 SHINEY CT  
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE D  
NAME GALLAMORE, LEORA  
STREET ADDRESS 3165 SHINEY CT  
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Gallamore, Rick  
1.3 STREET ADDRESS 4410 Semoran Farms Rd  
1.4 CITY-ST-ZIP Kissimmee, FL 34744 ☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME Gallamore, Leora  
2.3 STREET ADDRESS 4410 Semoran Farms Rd  
2.4 CITY-ST-ZIP Kissimmee FL 34744 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS

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: Leora A. Gallamore 4-10-97 407 348 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)