

795000038023

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 12 PM 4:11

W95-5112

625

DB 5/12/95

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAL \_\_\_\_\_

WALK-IN Will Pick Up 3-6 11.00

RE: Gallbraith +  
Associates, Incorporated

	C.C. FEE.	DISBURSED
Capital Express™		
✓ Art. of Inc. File		
Corp. Record Search		
✓ Ltd. Partnership File		
Foreign Corp. File		
✓ ( ) Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

RECEIVED

95 MAY 12 PM 3:51

DIVISION OF CORPORATION

March 8, 1995

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301

SUBJECT: GALBRAITH & ASSOCIATES, INCORPORATED  
Ref. Number: W95000005112

We have received your document for GALBRAITH & ASSOCIATES, INCORPORATED and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 795A00010362

\* Corrected

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 12 PM 4:11

**ARTICLES OF INCORPORATION  
OF  
GALBRAITH & ASSOCIATES, INCORPORATED**

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In compliance with the requirements of Chapter 607 of the Florida Statutes, the undersigned, being natural persons of at least 18 years of age, do hereby act as the incorporators in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

**ARTICLE I**

The name of the corporation is: **GALBRAITH & ASSOCIATES, INCORPORATED**

**ARTICLE II**

The principal office of the corporation is located at 1142 Washington Avenue, Winter Park, Florida 32789.

**ARTICLE III**

The aggregate number of shares which the corporation shall have authority to issue is 100 shares, which shares are to be without par value and shall be designated as Common Stock.

**ARTICLE IV**

The name and street address of the registered agent and office of this corporation is:

DEBRA L. GALBRAITH

1142 Washington Avenue  
Winter Park, Florida 32789

#### ARTICLE V

The name and address of the Incorporator to these Articles of Incorporation is:

DEBRA L. GALBRAITH

1142 Washington Avenue  
Winter Park, Florida 32789

#### ARTICLE VI

The initial board of directors shall consist of one (1) member. The names and addresses of the persons who will serve in the initial board of directors are:

DEBRA L. GALBRAITH

1142 Washington Avenue  
Winter Park, Florida 32789

#### ARTICLE VII

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be formed under the Florida Business Corporation Act. The corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval being first obtained.

#### ARTICLE VIII

No director of the corporation shall be liable to the corporation or its shareholders for any damages for any breach of duty in such capacity, provided that this provision shall not eliminate or limit: (i) the liability of any director if judgment or other final adjudication adverse to him establishes that his acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage to which he was not legally entitled or that his acts violated the Florida Business Corporation Act; or (ii) the liability of any director for any act or omission prior to the adoption of this Article. If the Florida Business Corporation Act shall be amended after adoption of this provision to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be eliminated or limited to the fullest extent provided by the Florida Business Corporation Act, as so amended from time to time. No repeal or modification of

this provision by the shareholders shall adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

#### ARTICLE IX

Any action required or permitted to be taken by the Board of Directors may be taken without a meeting if all members of the board consent in writing to the adoption of a resolution authorizing the action.

#### ARTICLE X

Any one or more members of the Board of Directors may participate in a meeting by means of a conference telephone or similar communications equipment allowing all participants to hear each other at the same time.

#### ARTICLE XI

The effective date of these Articles of Incorporation is upon filing.

In Witness Whereof, this certificate has been signed by the incorporator this 22nd  
day of February, 1995.

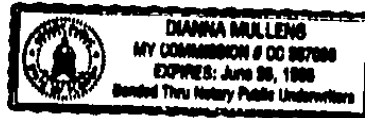
  
DEBRA L. GALBRAITH

**STATE OF FLORIDA  
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this 22nd day of February 1995, by DEBRA L. GALBRAITH, as the Incorporator to these Articles of Incorporation. She is personally known to me or has produced \_\_\_\_\_ as identification and did (did not) take an oath.

Dianna Mullens  
Notary Public

My commission expires:



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ACCEPTANCE BY REGISTERED AGENT**

95 MAY 12 PM 4:11

Having been named as registered agent for the above-stated corporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of Section 607.0505, Florida Statutes-1993.



DEBRA L. GALBRAITH  
Registered Agent

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV -6 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038023 (4)

1. Corporation Name

GALBRAITH & ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

1142 WASHINGTON AE.  
WINTER PARK FL 32789

1142 WASHINGTON AE.  
WINTER PARK FL 32789



REINSTATEMENT

3. Date Incorporated or Qualified 05/12/1995	3a. Date of Last Report
4. F-EI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GALBRAITH, DEBRA L  
1142 WASHINGTON AE.  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

01. Name DEBRA L. GALBRAITH  
02. Street Address (P.O. Box Number is Not Acceptable) 1142 WASHINGTON AVE  
03. City WINTER PARK  
04. State FL  
05. Zip Code 32789

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 and assume the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

10-4-96

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GALBRAITH, DEBRA L
STREET ADDRESS	1142 WASHINGTON AE.
CITY-STATE-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400002005154--2
3.3 STREET ADDRESS	-11/14/96--01106--015
3.4 CITY-STATE-ZIP	***375.00 ***375.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*[Signature]*

9-14-96

Date

Daytime Phone #

407-628-1520