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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038255 (2)

1. Corporation Name

GALLERIA MORTGAGE GROUP, INC.



Principal Place of Business

8050 SEMINOLE MALL
SUITE 205
SEMINOLE FL 34642

Mailing Address

8050 SEMINOLE MALL
SUITE 205
SEMINOLE FL 33772-4711

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GAGER, LESLIE A
8050 SEMINOLE MALL
SUITE 205
SEMINOLE FL 34642

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3316871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

Robert J. Carter

82 Street Address (P.O. Box Number is Not Acceptable)

8050 Seminole Mall, Ste 205

83

84 City

Seminole

FL

85 Zip Code

34642

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 PS ☒ DELETE
NAME GAGER, CLIFFORD M
STREET ADDRESS 9039 BRIARWOOD DR
CITY-STATE-ZIP SEMINOLE FL

TITLE P ☒ DELETE
NAME GAGER, LESLIE
STREET ADDRESS 9039 BRIARWOOD DR
CITY-STATE-ZIP SEMINOLE FL

TITLE T ☐ DELETE
NAME CARTER, MARY J
STREET ADDRESS 11151 105TH AVE N
CITY-STATE-ZIP SEMINOLE FL

TITLE V ☐ DELETE
NAME CARTER, ROBERT J
STREET ADDRESS 11151 105TH AVE N
CITY-STATE-ZIP SEMINOLE FL 34648

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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

11/29/97

CR2E034 (9/96)