

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

**FILED**  
**Feb 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 # P95000053674 (4)**

1. Corporation Name  
**GALLOWHAN TOOL MAKERS, INC.**



Principal Place of Business Mailing Address  
**2722 NW 74 PLACE** *NOT REQUIRED* **2722 NW 74 PLACE**  
**LOT 104** *INCORRECT.* **LOT 104**  
**GAINESVILLE FL 32653** **GAINESVILLE FL 32653-1201**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
**21 2722 NW 74 PLACE** **26 2722 NW 74 PLACE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
 City & State City & State  
**23 GAINESVILLE** **28 GAINESVILLE**  
 Zip Country Zip Country  
**24 FL 32653** **25 USA** **29 FL 32653** **30 U.S.A.**

3. Date Incorporated or Qualified **07/12/1995** 3a. Date of Last Report **03/06/1996**  
 4. FEI Number **59-3331314** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**SMITH, JOHN** **SMITH JOHN**  
**2722 NW 74 PLACE** **2722 NW 74 PLACE**  
**LOT 104** **LOT 104**  
**GAINESVILLE FL 32653** **GAINESVILLE FL 32653**  
**81** Name **85** Zip Code  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83** **2722 NW 74 PLACE**  
**84** City **GAINESVILLE** **FL**

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 *John Smith* **JOHN SMITH.** **1.14.97**  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>2722 NW 74 PLACE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GAINESVILLE FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DANNY J</b>	2.2 NAME	
STREET ADDRESS	<b>2722 NW 74 PLACE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GAINESVILLE FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRANE, JAMES R</b>	3.2 NAME	
STREET ADDRESS	<b>2722 NW 74 PLACE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GAINESVILLE FL</b>	3.4 CITY- ST- ZIP	
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 Smith* **JOHN SMITH** **1.14.97** **352 373 8486**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)