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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  
LOT 104  
GAINESVILLE FL 32653  
US

NOT REQUIRED  
INCORRECT.

2722 NW 74 PLACE  
LOT 104  
GAINESVILLE FL 32653-1201  
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 City & State

27 City & State

23 GAINESVILLE

28 GAINESVILLE

Zip

Country

Zip

Country

24 FL 32653

25 USA

29 FL 32653

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JOHN  
2722 NW 74 PLACE  
LOT 104  
GAINESVILLE FL 32653

81 Name SMITH JOHN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2722 NW 74 PLACE  
83  
84 City GAINESVILLE FL 85 Zip Code 32653

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

*John Smith*

JOHN SMITH.

1.14.97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                  |        |
|-----------------|------------------|--------|
| TITLE           | ST               | DELETE |
| NAME            | SMITH, JOHN      |        |
| STREET ADDRESS  | 2722 NW 74 PLACE |        |
| CITY - ST - ZIP | GAINESVILLE FL   |        |
| TITLE           | P                | DELETE |
| NAME            | SMITH, DANNY J   |        |
| STREET ADDRESS  | 2722 NW 74 PLACE |        |
| CITY - ST - ZIP | GAINESVILLE FL   |        |
| TITLE           | V                | DELETE |
| NAME            | DRANE, JAMES R   |        |
| STREET ADDRESS  | 2722 NW 74 PLACE |        |
| CITY - ST - ZIP | GAINESVILLE FL   |        |
| TITLE           |                  | DELETE |
| NAME            |                  |        |
| STREET ADDRESS  |                  |        |
| CITY - ST - ZIP |                  |        |
| TITLE           |                  | DELETE |
| NAME            |                  |        |
| STREET ADDRESS  |                  |        |
| CITY - ST - ZIP |                  |        |

|                     |        |          |
|---------------------|--------|----------|
| 1.1 TITLE           | Change | Addition |
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 4.1 TITLE           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           | Change | Addition |
| 6.2 NAME            |        |          |
| 6.3 STREET ADDRESS  |        |          |
| 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)