

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070919 (2)

1. Corporation Name

GALLIMORE TURTLE CREEK, INC.



Principal Place of Business

1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

Mailing Address

1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

59-3335113

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

HOLZHAUER, GREGORY L
250 PARK AVE. SOUTH, STE. 500
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81. Name

ELLSWORTH G. GALLIMORE

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

1051 WINDERLEY PLACE,

83.

SUITE 307

84. City

MAITLAND

FL

85. Zip Code
32751

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 obligation of Section 607.105, Florida Statutes.

SIGNATURE

Ellsworth G. Gallimore

May 1, 1996

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GALLIMORE, ELLSWORTH G
STREET ADDRESS 1051 WINDERLEY PLACE, STE. 307
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME D
GALLIMORE, SHIRLEY P
STREET ADDRESS 1051 WINDERLEY PLACE, STE. 307
CITY-ST-ZIP MAITLAND FL 32751

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 PRESIDENT ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT/TREASURER ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VICE PRESIDENT ☐ 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

400001852484

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***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louise A. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUISE A. WARD, VICE PRESIDENT

4/18/96

(407) 667-0100

Date

Daytime Phone #

CR2E034 (12/95)