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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000074699 (6)

JACK J. GALLAGHER, INC.

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business		Mailing Addre	Mailing Address			I HOOTLOCT 14% rain) athic and battle battle bott and could have anite fully this last label		
1841 NORTH PINE ISLAND ROAD PLANTATION FL 33322			1841 NORTH PINE ISLAND ROAD PLANTATION FL 33322-5207					
						3. Date Incorporated or Qualified 09/27/1995	3a. Date of Le 05/01/19	
2. Principal F	Place of Business	2a. Mailing Ad	idress		,	4. FEI Number 65-0611349	-	Applied For Not Applicable
Surte, Apt.	#, etc	Suite, Apt.	#, etc.		!	5. Certificate of Status Desired		75 Additional be Required
City & Stat	te	City & Stat	te		T-114-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip		Country	,	8. This corporation has liability for it	ntangible tax und	
4	25	29	30	<u> </u>		Florida Statutes	Yes No	
	9, Name and Address of Cu	rrent Registered Agen	t		r	10. Name and Address of New Re	gistered Agent	
	LLAGHER, JACK J	_		81	Name			
	1 NORTH PINE ISLAND ROA	D		82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	·
PLA	INTATION FL 33322			83				
				33				
				84	City		FL 85	Zip Code
agent. La	registered agent, or both, in the a	state of French Outline 60	ויייוטט אימט מטנוו	WILDU D		anona board or directors. Thereby accep	A THE BASE	ir an iedioieier
						proration submits this statement for the pation's board of directors. I hereby acceptions the propagation of		
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Too necess certify that the information supplies with this tiling does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental 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

SIGNATURE: