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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021338 (4)

GALLANT PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address 11314 SUNRAY DR 11314 SUNRAY DR BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 94135** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0644225 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$6.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 5. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has pald the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GALLANT, MARION E 11314 SUNRAY DR 62 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 34135** 83 City Zip Code 85 11. Pursuant to the provisions of Soctions 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** Signatura, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition **GALLANT, MARION E** 1.2 NAME NAME 11314 SUNRAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition

CITY-ST-ZIP 14. I 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 13 (changed, or on an allachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

DELETE

DELETÉ

Change

☐ Change

Addition

Addition

FILED

Mar 19 1998 8:00am

Secretary of State