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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069270 (2)

GALT INDUSTRIES INC.

Principal Place of Business Mailing Address
6740 CROSSWINDS DRIVE NORTH. SUITE J 6740 CROSSWINDS DRIVE NOR

FILED Jan 29 1998 8:00am Secretary of State



6740 CROSSWINDS DRIVE NORTH. SUITE J 6740 CROSSWINDS DRIVE NOI ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710					J	DG	O NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated 08/15/1996	or Qualified				
Principal Place of Business 2a. Mailing Address						4. FEI Number			T A	Applied For	7
21 5555 Central Avenue 26 Post Office Box 1						NOT APPLIC	CABLE			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	Additional	1
27						5. Certificate of Statu	s Desirea	ш	Fee F	Required	
City & State 23 St. Retersburg, FL 28 St. Rete. Beac						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees					
Zip Country Zip 237706 25 USA 29 33706 30				intry US/	7	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent 10. Name and Address of New Re									Agent		
	WNE, ALYN LEE III		81 Na	^{ame} A	llyn Lec Town	W.					
6740 CROSSWINDS DRIVE NORTH, SUITE J						ss (P.O. Box Number is	Not Acceptab	ile)			1
ST. PETERSBURG FL 33710						555 Central	1venue				╛
				83							
}				84 Ci	ity as a	1 1		F 1	85 Zip	Code	┨
		1 507 1505 E. I. O.		l i	>r. 19	etensburg		<u>FL</u>	33°	710	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statut of Florida. Such change was a	es, the a authorize	bove-na d by the	med corpo corporation	oration submits this state on's board of directors. !	ment for the p hereby accer	urpose of at the appo	changing sintment a	its registered s registered	
agent. I a	m familiar with, and accept the obligat				•			1-1		Ū	
SIGNATURE	alyn La lown the	Alyn Lee To	une l	11-				1/8/9	18 <u> </u>		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	a Agent sig	nature required	d when reinstating) ADDITIONS/CHANG	ES TO OFFIC	PAIL	DIPECTO	DC IN 12	냔
TITLE	P	DELETE	1.1 TI	TIF		ADDITIONOJOLIANO	10 01110	CIND AND	Change	Addition	d§.
NAME	TOWNE, ALYN III		1,2 N		ļ						15
STREET ADDRESS			4	1,3 STREET ADDRESS							8
CITY-ST-ZIP TREASURE ISLAND FL 33706			I	1.4 CITY - ST-ZIP							CR2E034 (10/97)
TITLE		DELETE	2.1 Ti						Change	Addition	ᄬ
NAME		_	2.2 N						_ •		
STREET ADDRESS				TREET ADDR	RESS		•	<u> </u>			
CITY-ST-ZIP				ITY-ST-ZIF							
TITLE		☐ DELETE	3.1 TI						Change	Addition	1
NAME			3.2 N/	AME					· ·		
STREET ADDRESS				REET ADDR	ESS						1
CITY-ST-ZIP			1	ITY-ST-ZIF	i						
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NAME			4. 2 N	AME							1
STREET ADDRESS			4.3 ST	REET ADDR	RESS						.
CITY-ST-ZIP			4.4 Ci	TY-ST-ZiP							
TITLE		☐ DELETE	5.1 Ti			· .			Change	Addition	1
NAME			5.2 NA	ME					_		
STREET ADDRESS			5.3 ST	REET ADDR	RESS						1
CITY-ST-ZIP				TY-ST-ZIP							1
TITLE		DELETE	6.1 TI						Change	Addition	1
NAME			6.2 NA								
STREET AODRESS	-			réet addr	IESS						
מול לט עדום			1	74 OT 70							

14. Thereby 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:

alm Le Towell = REAlly Lee Towne

1/8/98

(813) 384-5555