

**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

FILED

98 JUN 26 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000049105  
1. Corporation Name  
**GALLAGHER FAMILY, INC.**

Principal Place of Business  
**1017 Frankland Road  
Tampa, FL 33629**

Mailing Address  
**19651 Bruce B. Downs Blvd.  
Suite D-3162  
Tampa, FL 33647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**June 4, 1997**

21	2. Principal Place of Business <b>1017 Frankland Road</b>	2a	2a. Mailing Address <b>19651 Bruce B. Downs Blvd.</b>	4.	FEI Number <b>59-3451016</b>	Applied For			
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc. <b>Suite D-3162</b>	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State <b>Tampa, FL</b>	27	City & State <b>Tampa, FL</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip <b>33629</b>	28	Country <b>Hillsborough</b>	29	Zip <b>33647</b>	30	Country <b>Hillsborough</b>	8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**Gary E. Gallagher  
1017 Frankland Road  
Tampa, FL 33629**

10. Name and Address of New Registered Agent  
81 Name  
**Lavinia James Vaughn, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Carlton Fields**  
83  
**777 Harbour Island Boulevard**  
84 City  
**Tampa** 85 Zip Code  
**FL 33602**

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 *Lavinia James Vaughn* DATE **6-24-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>President, Secretary, Treasurer</b>	COMPLETE
NAME	<b>Gary E. Gallagher</b>	
STREET ADDRESS	<b>1017 Frankland Road</b>	
CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>500002575815</b>
3.4 CITY-ST-ZIP	<b>-06/30/98--01022--016</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>***\$550.00 ***\$550.00</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary E. Gallagher* DATE: **6-25-98** DAYTIME PHONE #: **813/971-6546**

CR2E034 (10/97)