

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

FILED  
May 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061196 (6)

1. Corporation Name

GALLERY HOMES, INC.



Principal Place of Business C/O MAHONEY ADAMS & CRISER, P.A. 50 NORTH LAURA STREET, 3300 BARNETT CENTER JACKSONVILLE FL 32202	Mailing Address C/O MAHONEY ADAMS & CRISER, P.A. 50 NORTH LAURA STREET, 3300 BARNETT CENTER JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 Riverplace Blvd. Suite, Apt. #, etc. 22 Suite 1301 City & State 23 Jacksonville, Florida Zip 24 32207 Country 25 USA		2a. Mailing Address 26 1301 Riverplace Blvd. Suite, Apt. #, etc. 27 Suite 1301 City & State 28 Jacksonville, Florida Zip 29 32207 Country 30 USA		3. Date Incorporated or Qualified 07/15/1997	
				4. FEI Number 59-3457529	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAX CO. C/O MAHONEY ADAMS & CRISER, P.A. 50 NORTH LAURA STREET, 3300 BARNETT CENTER JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name MOTOLAW, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. 83 Suite 1301 84 City Jacksonville 85 Zip Code FL 32207	
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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  Vice President 3-12-98  
Signature type: ☒ Registered name of registered agent and firm (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LEMERAND, GARY G STREET ADDRESS 8436 MALAGA AVENUE CITY-ST-ZIP ORANGE PARK FL 32073	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 G. Lemerand 4-21-98 (904) 655-3210

CR2E034 (10/97)