

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90066 012 \*\*\*150.00

DOCUMENT # P97000061196

1. Corporation Name

Gallery Homes, Inc.

Principal Place of Business  
1301 Riverplace Blvd.  
Suite 1301  
Jacksonville, FL 32207

Mailing Address  
1301 Riverplace Blvd.  
Suite 1301  
Jacksonville, FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/15/1997

2. Principal Place of Business  
21 50 North Laura Street

2a. Mailing Address  
26 50 North Laura Street

4. FEI Number  
59-3457529

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 Suite 2750

27 Suite 2750

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

24 32202 25 USA

29 32202 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTOLAW, Inc.  
1301 Riverplace Boulevard  
Suite 1301  
Jacksonville, Florida 32207

81 Name  
MOTOLAW, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
50 North Laura Street  
83 Suite 2750  
84 City  
Jacksonville FL 85 Zip Code  
32202

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 W. Hamilton Traylor, Vice President 3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS Lemerand, Gary G.  
CITY-ST-ZIP 8436 Malaga Avenue  
Orange Park, Florida 32072

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Lemerand, President

3-24-99

Date

904/655-3210

Daytime Phone #

CR2E034 (11/98)