## ILE 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

GALLO	DWAY & SIPRELL CONSTRI	UCTION INC.  Mailing Address 201 SMITH ROAD					
APALACHICOLA FL 32320 APALACHICOLA FL 32320		)	DO NOT WRITE IN TH	IC CDACE			
				3. Date Incorporated or Qualified 08/19/1997	IS SPACE		7
2. Principal i	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	TA	pplied For	1
21		26		59.3463930		ot Applicable	, [
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	7
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be	7
23		28		Trust Fund Contribution		to Fees	J
Zip	Country	Zip	Country	8. This corporation owes or has paid the			,
24	9. Name and Address of Curre	29	30]	Personal Property Tax due June 30.  10, Name and Address of New Registers		No	4
Life	<del></del>	ur Lindington Wholir	81 Name.		n value		4
	EVIER, JAN J I COMMERCE ST		CH	ARLES H GALLOWAY	r		1.
APALACHICOLA FL 32320			82 Street A	Address IP U. Box Number is Not Acceptable)			1
AI ALAOHOOLA I E SESES			83	T Dial A Au			7
]			201-211-	<u> </u>			]
į			84 APA	CACHILOLA F		Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose	of changing i	ts registered	1
agent. 1 a	registered agent, or both, in the state am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	utnorizea by the corp rida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE	C. H. Dallavar			2-	2-98		
<u> </u>	Signature, typed or printed name of registered, g		: Registered Agent signature		·		18
12.	PD OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	200
NAME	GALLOWAY, CHARLES H		1.2 NAME		Change	L_ Addition	1 -
STREET ADDRESS	201 SMITH ROAD		1.3 STREET ADDRESS				ROEGSA
CITY-ST-ZIP	APALACHICOLA FL 32320		1.4 CITY-ST-ZIP				δ Π
TITLE	STD	DELETE	2.1 TITLE		Change	Addition	ქნ
NAME	SIPRELL, L. ROBERT		2.2 NAME		_ •		
STREET ADDRESS	178 AVENUE C		2.3 STREET ADDRESS	,			
CITY-ST-ZIP	APALACHICOLA FL 32320		2. 4 CITY - ST - ZIP				1
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	1
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del>		
TITLE		☐ DELET <b>E</b>	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				1.
STREET ADDRESS			4.3 STREET ADDRESS			- •	1.
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change	Addition -	-
TITLE NAME		LT pereie	5.1 TITLE		r cussuda	Addition	
STREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS				
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	1
NAME			6.2 NAME				
	,						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: L.M.

STREET ADDRESS

CITY-ST-ZIP

2-2-98

**FILED** 

Mar 25 1998 8:00am

Secretary of State