


DOCUMENT # P99000048839
1. Entity Name
GALAXY FIREWORKS OF MISSOURI, INC.

Principal Place of Business Mailing Address
204 E. MARTIN LUTHER KING BLVD. **204 E. MARTIN LUTHER KING BLVD.**
TAMPA FL 33603 **TAMPA FL 33603-3802**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
00 MAR 24 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3577436** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUNNEWELL, SHARON
204 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33603

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE *Sharon Hunnewell* 1/13/00 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNEWELL, DANIEL	
STREET ADDRESS	204 E. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNEWELL, SHARON	
STREET ADDRESS	204 E. MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33603	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Hunnewell* 1/13/00 813-234-2264 DATE Daytime Phone #