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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29359** (4)

1. Corporation Name

GALLAGHER'S LITTLE GOURMET, INC.



Principal Place of Business

**32000 OVERSEAS HWY
MARATHON FL 33050**

Mailing Address

**PO BOX 500994
MARATHON FL 33050
US**

3. Date Incorporated or Qualified
02/04/1991

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWLEY, JAMES
RT 1 BOX 154
MARATHON FL 33050**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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Zip Code

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

Signature of President, Secretary, Treasurer, or Registered Agent

Signature of Registered Agent (if not the same as above)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
SANDSTROM, TIMOTHY T**

STREET ADDRESS

**RT 1 BOX 154
MARATHON FL**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME **STD
CROWLEY, JAMES**

STREET ADDRESS

**RT 1 BOX 154
MARATHON FL**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W CROWLEY 3/24/96

305 289 0454

CR2E034 (12/95)