## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

S35786

(0)

GALBRAITH PROPERTIES, INC.

G/LDIII	and the Elizabeth and						r,			
Principal Place of Business		Mailing Address						1811 B1811 B1811 G		
SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG FL 33701		SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG FL 33701				<b>.</b>			_,	
		•				3. Date Incorporated or Qualified 03/04/1991		ate of Last Re 02/20/199		
2. Principal Pla	ice of Business	2a. Mailing Address 26				4. FEI Number 59-3068366	·	h	Applied For Not Applicable	$\dashv$
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		•	May Be d to Fees	]
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability or Florida Statutes X Yes		tax under s	199.032,	
	9. Name and Address of Current	Registered Agent		Ε.,		10. Name and Address of New F	legistere	d Agent		]
				81	Name					
Galbraii Suite 13	TH, JOHN W. 00			82	Street Addre	SS (P.O. Box Number is Not Acceptab	ole)			
	TRAL AVE STE 1300			83						
ST. PETE	RSBURG FL 33701			84	City		F	85 Zı	o Code	1
44 Diversion to	o the provisions of Sections 607.0502	and 607 1500 Florida Statuto	e the ebe		amed corners	tion submits this statement for the nu		_ , ,	anistered office	
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	<ul> <li>a. Such change was authorize</li> </ul>	ed by the o	corp	oration's board	d of directors. I hereby accept the app	ointment	as registered	agent. I am	
SIGNATURE _				<u> </u>						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered	Agen	t signature required	ADDITIONS/CHANGES TO OFF	DATE		BS IN 12	-[6
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TITLE	DVS	☐ DELETE	DELETE 2 1 TI					☐ Change	☐ Addition	၂၀
NAME	GALBRAITH, ROSMARY P			22 NAME						
STREET ADDRESS	360 CENTRAL AVE. STE 1300		23 S [ R		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)(k). 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, of changed, of changed, or changed that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR