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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION REPORT
SECTION 607.0100

DOCUMENT # **V65921**

(1)

ALBERT C. GALLOWAY, JR., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (City and State) **WALTON, ALABAMA**
P.O. BOX 466
LAKE WALES FL 33859-0466

Principal Office (City and State) **WALTON, ALABAMA**
P.O. BOX 466
LAKE WALES FL 33859-0466

DO NOT WRITE IN THIS SPACE

3. Date first organized / incorporated 09/22/1992	3a. Date of Last Report 04/14/1994
4. FEI Number 59-3143739	Applied For Net Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for a tax under 2175-2002 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office (City and State) 21	2a. Mailed At (City and State) 26
22. State Agent (City and State) 22	27. State Agent (City and State) 27
23. U.S. State 23	28. U.S. State 28
24. 24	25. 25
29. 29	30. 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLOWAY, ALBERT C JR
240 PARK AVE
LAKE WALES FL 33859-0466**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0100 and 607.1500, 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 provisions of Section 607.0100, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	NAME GALLOWAY, ALBERT J	STREET ADDRESS 240 PARK AVE	CITY AND STATE LAKE WALES FL
TITLE	NAME	STREET ADDRESS	CITY AND STATE
TITLE	NAME	STREET ADDRESS	CITY AND STATE
TITLE	NAME	STREET ADDRESS	CITY AND STATE
TITLE	NAME	STREET ADDRESS	CITY AND STATE
TITLE	NAME	STREET ADDRESS	CITY AND STATE
TITLE	NAME	STREET ADDRESS	CITY AND STATE

TITLE President	NAME Galloway, Albert C. Jr.	STREET ADDRESS 240 Park Ave	CITY AND STATE Lake Wales, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.051, Florida Statutes. I further certify that the information included 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. This filing is an effect on the part of the corporation or the manager or trustee empowered to make this filing as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE: **Albert C. Galloway, Jr.** 4/30/95 (819) 676-6000