

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V65921 (1)

1. Corporation Name

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



Principal Place of Business

P.O. BOX 466
LAKE WALES FL 33859-0466

Mailing Address

P.O. BOX 466
LAKE WALES FL 33859-0466

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 924 Devonshire Way

2a. Mailing Address

26 924 Devonshire Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3143739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

27

City & State

City & State

23 Lake Wales, FL

28 Lake Wales, FL

Zip

Country

Zip

Country

24 33853

25

29 33853

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

Galloway, Albert C Jr.

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

924 Devonshire Way

83

84 City

Lake Wales

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GALLOWAY, ALBERT C JR.
STREET ADDRESS 240 PARK AVE
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE

1.2 NAME ☐ Change ☐ Addition

NAME

1.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE

2.2 NAME ☐ Change ☐ Addition

NAME

2.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE

3.2 NAME ☐ Change ☐ Addition

NAME

3.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE

4.2 NAME ☐ Change ☐ Addition

NAME

4.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

5.2 NAME ☐ Change ☐ Addition

NAME

5.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

6.2 NAME ☐ Change ☐ Addition

NAME

6.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT C. GALLOWAY, JR. President

4-30-96

Date

941 676-1423

Daytime Phone #

CR2E034 (12/95)