FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED May 01 1998 8:00am Secretary of State

GALE & SONS, INC.								T KARAN BANGAN GANGE KENIKE KENIKE KENIKE KENIKE BARAN SARAN BANGAN BANGAN BANGAN BANGAN BARAN BANGAN BARAN BANGAN					
Pri	ncipal Place	e of Busines	88	١	Mailing Add	dress					rean firms time tale iffer ibn alan eifer tift bill eist fifti iff		
	02 PARK S					RES COURT							
					JACKSONVILLE FL 32210 US						DO NOT WRITE IN THIS SPACE		
											3. Date Incorporated or Qualified		
											10/05/1992		
2.	Principal P	lac e of Busi	ness	2	a. Mailing	Address					4. FEI Number Applied For		
21				26	26						59-3143799 Not Applicable		
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #. etc.						5. Certificate of Status Desired \$8.75 Additional		
22				27	27						Fee Required		
	City & State			<u> </u>	City & State						6. Election Campaign Financing \$5.00 May Be		
23				28				.			Trust Fund Contribution		
	Zip		Country		- Ζίβι 1		Cou	intry			8. This corporation owes or has paid the current year Intangible		
24		- Mama	25 and Address o	29			30	Γ			Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent		
	, AIP			i Cultelli neg	istereu Ay			81	Name		10. Hallie and Kooless of New Yearstoled Agent		
NEWTON, CLIFFORD B.									riario				
10 192 S AN JOSE BLVD. JACK SO NVILLE FL 32257							82	Street	Address (P.O. Box Number is Not Acceptable)				
	JAC	CKSUNVILI	LE FL 3225/					B 3					
	•										Net .		
								84	City		FL 85 Zip Code		
44	Dureught	to the provin	sione of Soctions	607 0502 and	607 1509	Elevida Étatut	ne tha ai		namar	corpor	oration submits this statement for the purpose of changing its registered		
11	office or r	egistered ac	aent, or both, in t	the State of Flo	rida. Such	change was a	authorized	d by	the cor	poratio	ion's board of directors. I hereby accept the appointment as registered		
	agent la	ım f am iliar w	th, and accept t	he obligations	of, Section	607.05 05, FI	orida Stat	utes					
St	NATURE	Classification 1	for printed name of re				(. Eta m. ot	4 6	- nimon of the		ed when reinstating) DATE		
12		Signature, types		ERS AND DIRE		: (INO)	13.	u Age	n; signature	s required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITL		DPS				DELETE	1111	TLE			Change Addition		
NAM	- 1		ER, GALE		_		1.2 N/						
	EET ADDRESS		ORRES CT.						ADDRESS				
	r-ST-ZIP		ONVILLE FL				1.4 CI			1			
TITL		<u> </u>	<u> </u>			DELETE	2.1 Tr		1. 711		Change Addition		
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	EET ADDRESS								ADDRESS				
-	-ST-ZIP						2.4 C						
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NAN							3.2 NA				_ ,		
	EET ADDRESS						•		ADDRESS				
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	-ST-ZIP						5.4 CI			l			
TITL					Ţ	DELETE	6.1 TIT			 	-05/04/9801028035 Change Addition		
NAM	E !						6.2 NA				***150,00		
	EET ADDRESS						- 1		ADDRESS				
	-ST-ZIP						6.4 CF						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.