

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 191849

**Entity Name:** GALLOWAY'S INC.

**Current Principal Place of Business:**

711 S. HOWARD AVE, SUITE 200  
C/O JENNIFER GALLOWAY, P.A.  
TAMPA, FL 33606

**Current Mailing Address:**

P O BOX 320936  
TAMPA, FL 33679 US

**FEI Number:** 59-0767073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENNIFER GALLOWAY, P.A.  
711 S. HOWARD AVE  
SUITE 200  
TAMPA, FL 33606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,T  
Name GALLOWAY, JOHN R  
Address P O BOX 320936  
City-State-Zip: TAMPA FL 33679

Title VP,S  
Name GALLOWAY, JENNIFER L  
Address 711 S. HOWARD AVE, SUITE 200  
City-State-Zip: TAMPA FL 33606

Title D  
Name GALLOWAY, JOHN R  
Address P O BOX 320936  
City-State-Zip: TAMPA FL 33679

Title D  
Name GALLOWAY, JENNIFER L  
Address 711 S. HOWARD AVE, SUITE 200  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER GALLOWAY

**VICE PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date