

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506655

Entity Name: GMI HOLDING COMPANY**Current Principal Place of Business:**900 S BAY BLVD
ANNA MARIA, FL 34216**Current Mailing Address:**P. O. BOX 862
ANNA MARIA, FL 34216**FEI Number:** 59-1691932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALATI, JOSEPH
900 SOUTH BAY BLVD.
ANNA MARIA, FL 34216 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	SD
Name	GALATI, CARMINE
Address	900 SOUTH BAY BLVD
City-State-Zip:	ANNA MARIA FL 34216

Title	TD
Name	GALATI, MICHAEL A. JR.
Address	900 SOUTH BAY BLVD
City-State-Zip:	ANNA MARIA FL 34216

Title	VD
Name	GALATI, FRANCES M.
Address	900 SOUTH BAY BLVD
City-State-Zip:	ANNA MARIA FL 34216

Title	PD
Name	GALATI, JOSEPH
Address	126 HARBOUR BLVD
City-State-Zip:	DESTIN FL 32541

Title	VD
Name	GALATI, CHRISTOPHER F.
Address	900 SOUTH BAY BLVD
City-State-Zip:	ANNA MARIA FL 34216

Title	VP
Name	PLYMALE, ROBERT DARREN
Address	12030 N GANDY BLVD
City-State-Zip:	ST PETERSBURG FL 33702

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: MICHAEL A GALATI III**CONTROLLER****03/20/2025**

Electronic Signature of Signing Officer/Director Detail

Date