

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 11:10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K48857** (2)

1. Corporation Name
GALLIMORE REALTY, INC.

2. Principal Place of Business
**1051 WINDERLEY PLACE
#307
MAITLAND FL 32751
US**

2a. Mailing Address
**1051 WINDERLEY PLACE
#307
MAITLAND FL 32751
US**

3. Date of Incorporation
12/02/1988

3a. Date of Last Report
04/15/1994

21. State Agency
26

22. State Agency
27

23. State Agency
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24. State Agency
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25. State Agency
30

4. FIC Number
59-2921686

5. Certificate of Status Returned
\$8.75 Additional Fee Required

6. Election Campaign Financing
\$5.00 May Be Added to Fees

7. This corporation has incurred the obligations for underwriting
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GALLIMORE, E. LYNDON
1051 WINDERLEY PLACE
#307
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0101, and 607.0102, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by law. The change of Florida Statutes was authorized by the corporation's board of directors. Florida, except the appointment of a registered agent, may be made without the approval of the Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME	DP GALLIMORE, E. LYNDON 1486 GRACE LAKE CIRLCE LONGWOOD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	D GALLIMORE, ELLSWORTH G. 1051 WINDERLEY PLACE STE 307 MAITLAND FL	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY	T GALLIMORE, E. LYNDON 1486 GRACE LAKE CIR LONGWOOD FL	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Address
STATE	VSD GALLIMORE, COURTNEY B. 1534 NORTH RIDGE LAKE CIR LONGWOOD FL	STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Address
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
DATE		DATE	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is, substantially true and correct and equally for the corporation stated in law for the State of Florida Statutes. I further certify that the information submitted in the annual report or supplemental annual report, from and to date, is true and correct and that my signature shall have the same effect as if made under oath. The purpose of this filing is to change the registered office of the corporation as required by law. The purpose of this filing is to change the registered office of the corporation as required by law. The purpose of this filing is to change the registered office of the corporation as required by law. The purpose of this filing is to change the registered office of the corporation as required by law.

SIGNATURE: *Courtney B. Gallimore*, Vice President
5/1/95 407-667-0100