

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 212069 (9)

1. Corporation Name

GLADES EQUIPMENT CO., INC.

Principal Place of Business

3286 SW ARMELLINI AVE.
P.O. BOX 577
PALM CITY FL 34980

Mailing Address

3286 SW ARMELLINI AVE.
P.O. BOX 577
PALM CITY FL 34980

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1958

3a. Date of Last Report

05/20/1994

4. FEI Number

59-0836687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 26 3286 SW Armellini Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, EARL D
3286 SW CRANE CREEK AVE
PALM CITY FL

81 Name

Alma D. Kelley

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

3286 SW Crane Creek Ave
Armellini Ave.

83

84

City

Palm City

FL

85 Zip Code

34940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Alma D. Kelley

Signature, typewriter printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRONG, BRINES
STREET ADDRESS	3286 SW CRANE CREEK AVE
CITY - ST - ZIP	PALM CITY FL
TITLE	VD
NAME	STEWART, EARL D
STREET ADDRESS	3286 SW CRANE CREEK AVE
CITY - ST - ZIP	PALM CITY FL
TITLE	ST
NAME	KELLEY, ALMA D
STREET ADDRESS	3286 SW CRANE CREEK AVE
CITY - ST - ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	3286 SW Armellini Ave
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	3286 SW Armellini Ave
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brines Strong, Brines Strong, President 4/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Print Name)