

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 466610

(3)

1. Corporation Name

GLADRICH CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:24

Principal Place of Business

2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1974

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59

1608778

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

ROBERTS, CLAUDE MRS
2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Mrs. Claude Roberts, Registered Agent

(Signature, typed or printed name of registered agent and title if applicable)

(Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PT

NAME

EICKHOFF, RICHARD

STREET ADDRESS

22279 AUGUSTA AVE.

CITY- ST- ZIP

PORT CHARLOTTE FL

TITLE

VS

NAME

WOLF, KATHRYN M.

STREET ADDRESS

2685 B TAMiami TRAIL

CITY- ST- ZIP

PT. CHARLOTTE FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1

2.2

2.3

2.4

3.1

3.2

3.3

3.4

4.1

4.2

4.3

4.4

5.1

5.2

5.3

5.4

6.1

6.2

6.3

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathryn M. Wolf VP

(Signature and typed or printed name of signing officer or director)

1-25-94

Date

813-6252436

(Typed Name)