

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 2:50

DOCUMENT # **F63875** (1)  
1. Corporation Name  
**GLAD CORPORATION**

Principal Place of Business Mailing Address  
**1218 E. ROBINSON STREET** **1218 E. ROBINSON STREET**  
**ORLANDO FL 32801** **ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/20/1982</b>	3a. Date of Last Report <b>04/26/1994</b>
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BUTLER, C. VICTOR, ESQ.</b> <b>1218 E. ROBINSON STREET</b> <b>ORLANDO FL 32801</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Sign on left side of printed name of registered agent and the date of filing) (Print Registered Agent caption required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
111	PD PLANTE, GEORGE 1218 E. ROBINSON STREET ORLANDO FL	11	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
112	VD BECKER, DAVID 1218 E. ROBINSON STREET ORLANDO FL	12	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
113		13	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
114		14	1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
115		21	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
116		22	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
117		23	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
118		24	2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
119		31	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
120		32	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
121		33	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
122		34	3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
123		41	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
124		42	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
125		43	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
126		44	4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
127		51	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
128		52	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
129		53	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
130		54	5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
131		61	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
132		62	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
133		63	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
134		64	6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shown not equally for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in this filing is accurate and that any 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Plante 2/11/95 (407) 699-1362  
GEORGE Plante  
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR