

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 364071

Entity Name: GL NATIONAL, INC.**Current Principal Place of Business:**9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257**Current Mailing Address:**PO BOX 23627
JACKSONVILLE, FL 32241-3627 US**FEI Number: 59-1305473****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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	DP
Name	WILSON, KENNETH P
Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE, FL 32257

Title	DIRECTOR
Name	RHODES, T MITCHELL
Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257

Title	S
Name	MCCORMACK, JAMES E
Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257

Title	DVPTAS
Name	LUEDERS, JACK C JR.
Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257

Title	DVP
Name	FRICK, DREW D
Address	9540 SAN JOSE BLVD.
City-State-Zip:	JACKSONVILLE FL 32257

Title	AS
Name	GWALTNEY, JOSEPH F JR.
Address	9540 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32257

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: JAMES E MCCORMACK**SECRETARY****03/05/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date