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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 150863 (9)

1. Corporation Name

GLADES LUMBER & WOOD TREATING CO.

Principal Place of Business

3550 METRO PKWY
FORT MYERS FL 33919
US

Mailing Address

P O BOX 1939
FORT MYERS FL 33902-1939
US



3. Date Incorporated or Qualified
04/08/1947

3a. Date of Last Report
01/23/1996

4. FEI Number

59-0563813

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMMONS, JON A.
5692 SHADDELEE LANE W
FORT MYERS FL 33919

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SIMMONS, JON A.
STREET ADDRESS 5692 SHADDELEE LANE
CITY-ST-ZIP FORT MYERS FL

TITLE SD ☐ DELETE
NAME SIMMONS, JOYCE J.
STREET ADDRESS 5692 SHADDELEE LANE
CITY-ST-ZIP FORT MYERS FL

TITLE VPD ☐ DELETE
NAME O'BANNON DURLEY J.
STREET ADDRESS 14020 CARIBBEAN BL
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Simmons, Jon A.
1.3 STREET ADDRESS 5692 Shaddelee Lane W.
1.4 CITY-ST-ZIP Fort Myers, Fla. 33919

2.1 TITLE S/T D ☒ Change ☐ Addition
2.2 NAME Simmons, Joyce J.
2.3 STREET ADDRESS 5692 Shaddelee Lane W
2.4 CITY-ST-ZIP Fort Myers, Fla. 33919

3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME O'Bannon, Durley J.
3.3 STREET ADDRESS 14020 Caribbean Blvd., SE
3.4 CITY-ST-ZIP Fort Myers, Fla. 33905

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JON A. SIMMONS, President

1-28-97

Date

941-334-2796

Daytime Phone #

CR2E034 (9/96)