FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 364071 **(1)**

1. Corporation Name
GL NATIONAL, INC.

Principal Place of Business	Mailing Address
9540 STATE ROAD 13 JACKSONVILLE FL 32241-627 US	PO BOX 23627 JACKSONVILLE FL 32241-627 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1970
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1305473 ☐ 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

FOSTER, DAVID M.
~~4200 GULF LIFE DRIVE~~
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1300 Riverplace Blvd.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, KENNETH P.	1.2 NAME		
STREET ADDRESS	9540 STATE ROAD 13	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LUKE, JOSEPH C.	2.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, ANTHONY A	3.2 NAME		
STREET ADDRESS	1301 GULF LIFE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TAS	4.1 TITLE		☐ Change ☐ Addition
NAME	GLAVIN, THOMAS M.	4.2 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE		☐ Change ☐ Addition
NAME	LUEDERS, JACK C., JR.	5.2 NAME		
STREET ADDRESS	9540 STATE ROAD 13	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Foster, David M.	
STREET ADDRESS		6.3 STREET ADDRESS	1300 Riverplace Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

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)(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: Thomas M Glavin 4-11-95 737-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas M. Glavin

0094100 CP