

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # **364071** (1)

1. Corporation Name  
**GL NATIONAL, INC.**



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

3. Date Incorporated or Qualified: **05/13/1970**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-1305473**  
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  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**FOSTER, DAVID M.  
1300 RIVERPLACE BLVD  
JACKSONVILLE FL 32207**

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 title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, KENNETH P.	
STREET ADDRESS	9540 STATE ROAD 13	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUKE, JOSEPH C.	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, ANTHONY A	
STREET ADDRESS	1301 GULF LIFE DR	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	GLAVIN, THOMAS M.	
STREET ADDRESS	9540 SAN JOSE BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LUEDERS, JACK C., JR.	
STREET ADDRESS	9540 STATE ROAD 13	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, DAVID M.	
STREET ADDRESS	1300 RIVERPLACE BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Thomas M. Glavin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.96 (904) 448-3033

CR2E034 (12/95)