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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:11

DOCUMENT # **408912** **(4)**

1. Corporation Name
ALL-RITE FENCE CO INC

Principal Place of Business	Mailing Address
5143 OLD WINTER GARDEN ROAD ORLANDO FL 32811	5143 OLD WINTER GARDEN ROAD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1972	3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1414856	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GLIDEWELL, REFORD R
5995 ALBETH ROAD
ORLANDO, FL
32810

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	V	☐ Change XX Addition
NAME	GLIDEWELL,BARBARA	1.2 NAME	William Ray Glidewell	
STREET ADDRESS	5995 ALBETH ROAD	1.3 STREET ADDRESS	5910 Lake Emma Ct.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Groveland, Fl. 34736	
TITLE	P	2.1 TITLE	V	☐ Change XX Addition
NAME	GLIDEWELL, REFORD R.	2.2 NAME	Steven D. Glidewell	
STREET ADDRESS	5995 ALBETH ROAD	2.3 STREET ADDRESS	8725 Pine Island Road	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Clermont, Fl. 34711	
TITLE		3.1 TITLE	T	☐ Change XX Addition
NAME		3.2 NAME	Sandra D. Maddox	
STREET ADDRESS		3.3 STREET ADDRESS	5319 N. Pine Hills Cr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, Fl. 32808	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Barbara Glidewell, Barbara Glidewell 1-16-95 407-295-7043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)
Corporate Sec.

0080506 CP