

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 408912 (4)

1. Corporation Name

ALL-RITE FENCE CO INC



Principal Place of Business

5143 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

Mailing Address

5143 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

3. Date Incorporated or Qualified
09/15/1972

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLIDEWELL, REFOR D
5995 ALBETH ROAD
ORLANDO, FL
32810

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 607.0532 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 607.0506, Florida Statutes.

SIGNATURE

Sign the typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME GLIDEWELL, BARBARA
STREET ADDRESS 5995 ALBETH ROAD
CITY- ST- ZIP ORLANDO FL

TITLE P ☐ DELETE
NAME GLIDEWELL, REFOR D R.
STREET ADDRESS 5995 ALBETH ROAD
CITY- ST- ZIP ORLANDO FL

TITLE V ☐ DELETE
NAME GLIDEWELL, WILLIAM RAY
STREET ADDRESS 5910 LAKE EMMA CT
CITY- ST- ZIP GROVELAND FL

TITLE V ☐ DELETE
NAME GLIDEWELL, STEVEN D
STREET ADDRESS 8725 PINE ISLAND RD
CITY- ST- ZIP CLERMONT FL

TITLE T ☐ DELETE
NAME MADDOX, SANDRA D
STREET ADDRESS 5319 N PINE HILLS CR
CITY- ST- ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 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: *Barbara Glidewell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 407-295-7093
Date Daytime Phone #

CR2E034 (12/95)