

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 # 466610 (3)

1. Corporation Name

GLADRICH CORPORATION

Principal Place of Business

2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/27/1974

3a. Date of Last Report

02/01/1995

4. FEI Number

59-1608778

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

ROBERTS, CLAUDE MRS
2685B TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME EICKHOFF, RICHARD
STREET ADDRESS 22279 AUGUSTA AVE.
CITY- ST- ZIP PORT CHARLOTTE FL

TITLE VS ☒ DELETE
NAME WOLF, KATHRYN M.
STREET ADDRESS 2685 B TAMiami TRAIL
CITY- ST- ZIP PT. CHARLOTTE 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

VS

☒ Change

☐ Addition

JUDITH M. ZSEMBIK
N7 MARIA MANOR 4158 TAMiami TR
PT. CHARLOTTE, FL. 33952

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change

☐ Addition

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☐ Addition

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: Richard O. Eickhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

941-625-2436

CR2E034 (12/95)