

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

95 APR 11

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:14

DOCUMENT # **610903** (7)
1. Corporation Name
R.F. GLADWIN, INC.

Principal Place of Business Mailing Address
825 PARKWAY STREET, #10 JUPITER FL 33477 **825 PARKWAY STREET, #10 JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/23/1979** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-1904710** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **11900 S.E. Shell Avenue** Suite, Apt. #, etc. 22 **11900 S.E. Shell Avenue** Suite, Apt. #, etc.
23 **Hobe Sound, Florida** City & State 24 **Hobe Sound, Florida** City & State
25 **33455-3409** Zip Country 26 **Martin** Zip Country
27 **33455-3409** Zip Country 28 **Martin** Zip Country

9. Name and Address of Current Registered Agent
GLADWIN, R.F. III
5373 POINT LANE EAST
JUPITER FL 33458

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
11900 S.E. Shell Avenue
83
84 City **Hobe Sound** FL 85 Zip Code **33455-3409**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADWIN, R.F., III	12 NAME	
STREET ADDRESS	5373 POINT LANE EAST	13 STREET ADDRESS	11900 S.E. Shell Avenue
CITY - ST - ZIP	JUPITER FL	14 CITY - ST - ZIP	Hobe Sound, FL 33455-3409
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADWIN, ROSALYN R.	22 NAME	
STREET ADDRESS	5373 POINT LANE EAST	23 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	24 CITY - ST - ZIP	
TITLE	ST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNON, TERESA A.	32 NAME	
STREET ADDRESS	184 HAMPTON PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 assignor or assignee of the 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 addendum.

SIGNATURE: Ransom F. Gladwin III 4/11/95 407-546-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #