

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001283 (0)

1. Corporation Name

GANGLER'S FLY-IN LODGES AND OTUPOSTS PLUS, INC.



Principal Place of Business

1568 E. WEDGEWOOD LANE
HERNANDO FL 34442

Mailing Address

1568 E. WEDGEWOOD LANE
HERNANDO FL 34442

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

24

9. Name and Address of Current Registered Agent

29

Zip

30

Country

GANGLER, WAYNE H
1568 E. WEDGEWOOD LANE
HERNANDO FL 34442

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 607.0402 and 607.1502, 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 appropriate body of the corporation, and the undersigned, as a duly appointed and registered agent, I am familiar with, and accept the obligations of, Section 607.0402, Florida Statutes.

SIGNATURE

Signature of the person authorized to change the registered office or registered agent, or both, in the State of Florida.

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GANGLER, WAYNE H	
STREET ADDRESS	1568 E. WEDGEWOOD LANE	
CITY-STATE-ZIP	HERNANDO FL 34442	
TITLE	DV	☒ DELETE
NAME	GANGLER, KENNETH C	
STREET ADDRESS	1568 E. WEDGEWOOD LANE	
CITY-STATE-ZIP	HERNANDO FL 34442	
TITLE	DST	☐ DELETE
NAME	GANGLER, GERALDINE	
STREET ADDRESS	1568 E. WEDGEWOOD LANE	
CITY-STATE-ZIP	HERNANDO FL 34442	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is true and correct, and that I am not qualified for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall be on the same, deposited as if made under oath, that I am an officer or director of the corporation or the officer 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 amendment with an address.

SIGNATURE: *Wayne H. Gangler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-96 312-637-2244

CR2E034 (12/95)