

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90013 026 \*\*\*150.00

DOCUMENT #

1. Corporation Name

F98000001202 ✓  
GLS INC. TH VAN SANT Equip.

Principal Place of Business

Mailing Address

188 OBERLIN AVE N.

P.O. BOX 677

LAKEWOOD, N.J. 08701

LAKEWOOD, N.J. 08701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-79

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

23

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Zip

Country

Zip

Country

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4. FEI Number

Applied For

272282685

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

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City

FL

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Zip Code

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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 ☐ DELETE

NAME GORDON L. STROUT JR.

STREET ADDRESS 24 Mc GEEVEY DR.

CITY-ST-ZIP MANASSAUS N.J. 08736

TITLE ☐ DELETE

NAME VICE PRESIDENT

STREET ADDRESS WILLIAM P. CLAYTON

CITY-ST-ZIP 1197 E. VETERANS HWY

JACKSON, N.J. 08527

TITLE ☐ DELETE

NAME TREASURER

STREET ADDRESS DOUGLAS P. CLAYTON

CITY-ST-ZIP 22 GODD RD.

LAKEWOOD, N.J. 08701

TITLE ☐ DELETE

NAME SECRETARY

STREET ADDRESS KEISA V. CLAYTON

CITY-ST-ZIP 520 OAK TERRACE

LAKEWOOD, N.J. 08742

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

3-16-99

(732) 363-5158

CR2E034 (11/98)