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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H98647

(1)

GLC TRANSPORTATION INCORPORATED

GLO (MAIO) INOCIII ONALES										
Principal Place	e of Business	Mailing Address			- 4 140/011 4110 10101 181/0 01111 0104 1801	BROKE BIBLI O	TIBIL OLDIN BICK I			
LOT A ROUTE 1 PINEY POINT ROAD PALMETTO FL 34221 US		PO BOX 1351 PALMETTO FL 34220-135 US	1							
						3. Date Incorporated or Qualified 02/06/1986		ate of Last R 29/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For 59-2629255 Not Applicable					
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 / Fee Re	Additional equired		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added			
Zip	Country	Zip	Cou	intry		8. This corporation has liability for				
24	25	29	30			· -		X No	. 100.002,	
	9. Name and Address of Curi	ent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered	Agent		
FOR	SHEY, JAMES D JR			81	Name					
LOT A ROUTE 1				82 Street Address (P.O. Box Number is Not Acceptable)						
	Y POINT RD				Opposition	(1.0, box 75, nost 10 110( ) (000 place	,			
	METTO FL 34221		:	83						
				84	City			<b>85</b> Zip (	Code	
44 5	0.77	500 CO7 4500 Florida Dia	tas the s			and the ship statement for the	FL	a l	to resistance	
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was	authorize	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose o	or changing it pointment as	registered	
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Stal	tutes		,			·	
SIGNATURE			37C D				DATE			
12.	Signature typical or printed numb of registered  OFFICERS 4	AND DIRECTORS	13.	a Ager	nt signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	S IN 12	
TATE	PVST DELETE		1.1 (	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	FORSHEY, JAMES D JR	<del></del>	1.2 N		1			_ ,	-	
STREET ADORESS	7412 15TH AVENUE NW				ADDRESS					
CITY-ST ZIP	BRADENTON FL			TY-SI						
THE		☐ DELETE	21 TITLE					Change	☐ Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 51	TREET.	ADDRESS					
CHY-SI-ZIP			•	ITY-S	<b>i</b>					
TITLE		DELETE	3.1 1				<del></del>	Change	Addition	
NAME			3.2 N	AME						
STREET AUDRESS			3.3 \$	TREET .	ADDRESS					
City-St-7IP			3.4. 0	ITY-S	T-ZIP					
TOTALE		☐ DELETE	4.1 Ti	TLE				Change	Addition Addition	
NAME			4.21	IAME						
STREET ADDRESS			4.3 \$	TREET	adoress					
CHY-ST-ZIP			4.4 C	ITY-SI	T-ZIP					
THEE		☐ DELETE	5.1 TI	TLE				Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 \$	TREET.	ADDRESS					
City - St - ZiP				ITY-S	T-ZIP					
THTL€		☐ DELETE	6.1 TI						Addition	
NAME			6.2 N	AME						
STREET ADDRESS	ì		635	TREET	ADDRESS					

appears in Block 12 or Bl **SIGNATURE** 

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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