FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J35074** **(0)**

1. Corporation Name

GLEISLE LUMBER & MILLWORK, INC.

Principal Place of Business	Mailing Address
% RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS FL 33931	% RICHARD T. COTTER 6100 ESTERO BLVD. FT. MYERS FL 33931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1986
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 19221 San Carlos Blvd
Suite, Apt. #, etc.
22: Fort Myers Beach, FL
City & State
23: [redacted]
Zip 24: 33931
Country 25: USA

2a. Mailing Address
26: PO Box 5079
Suite, Apt. #, etc.
27: Fort Myers Beach, FL
City & State
28:
Zip 29: 33932
Country 30: USA

4. FEI Number: 59-2718821 ☐ Applied For ☐ Not Applicable

6. 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

COTTER, RICHARD T.
6100 ESTERO BLVD.
FT. MYERS FL 33931

10. Name and Address of New Registered Agent

81 Name: Patricia Gleisle - Sec + Treas
82 Street Address (P.O. Box Number is Not Acceptable): 1637 N Tamiami Trl.
83:
84 City: Fort Myers FL 85 Zip Code: 33919

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: Patricia Gleisle Patricia Gleisle 4-24-95
Signature, Typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	Secretary + Treas ☐ Change ☑ Addition
NAME	GLEISLE, JAMES E.	12 NAME	Patricia Gleisle
STREET ADDRESS	19221 SAN CARLOS BLVD	13 STREET ADDRESS	19221 San Carlos Blvd
CITY-ST-ZIP	FT MYERS BCH FL	14 CITY-ST-ZIP	Fort Myers Beach, FL 33932
TITLE	AVP	21 TITLE	☐ Change ☐ Addition
NAME	GLEISLE, SCOTT F.	22 NAME	
STREET ADDRESS	19221 SAN CARLOS BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	GLEISLE, ROBERT J.	32 NAME	
STREET ADDRESS	19221 SAN CARLOS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	34 CITY-ST-ZIP	
TITLE	AVP	41 TITLE	☐ Change ☐ Addition
NAME	GLEISLE, JAMES JERALD	42 NAME	
STREET ADDRESS	19221 SAN CARLOS BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	44 CITY-ST-ZIP	
TITLE	~~Patricia Gleisle~~	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	~~PO Box 5079~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~19221 San Carlos Blvd~~ ~~Fort Myers Beach, FL~~ 33932	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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.

813-463-6857

SIGNATURE: Patricia Gleisle Patricia Gleisle 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

092447B CP