

4-13-98 B-4508 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J35074 (0)
1. Corporation Name
GLEISLE LUMBER & MILLWORK, INC.

Principal Place of Business 18221 SAN CARLOS BLVD FORT MEYERS BEACH FL 33931 US	Mailing Address P.O. BOX 5079 6100 ESTERO BLVD. FORT MEYERS BEACH FL 33932 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/25/1986	
4. FEI Number 59-2718821		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

GLEISLE, PATRICIA
1637 N FLOSSMOOR RD
FORT MEYERS FL 33919

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

TITLE	PST	DELETE
NAME	GLEISLE, JAMES E.	
STREET ADDRESS	18221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	AVP	DELETE
NAME	GLEISLE, SCOTT F.	
STREET ADDRESS	18221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	VPD	DELETE
NAME	GLEISLE, ROBERT J.	
STREET ADDRESS	18221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	AVP	DELETE
NAME	GLEISLE, JAMES JERALD	
STREET ADDRESS	18221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	ST	DELETE
NAME	GLEISLE, PATRICIA	
STREET ADDRESS	18221 SAN CARLOS BLVD	
CITY-ST-ZIP	FORT MEYERS BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
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.

SIGNATURE: Patricia Gleisle

4-6-98

CR2E034 (10/97)