

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

DOCUMENT # J35074

1. Corporation Name

GLEISLE LUMBER & MILLWORK, INC.

Principal Place of Business
19221 SAN CARLOS BLVD
FORT MEYERS BEACH FL 33931
US

Mailing Address
P.O. BOX 5079
6100 ESTERO BLVD.
FORT MEYERS BEACH FL 33932
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90011 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

59-2718821

Applied For

Not Applicable

5. 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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

Gleisle, Patricia

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

6281 Key Biscayne Blvd

83

Fort Myers, FL 33908

84 City

FL

85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	GLEISLE, JAMES E.	
STREET ADDRESS	19221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	GLEISLE, SCOTT F.	
STREET ADDRESS	19221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GLEISLE, ROBERT J.	
STREET ADDRESS	19221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	GLEISLE, JAMES JERALD	
STREET ADDRESS	19221 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GLEISLE, PATRICIA	
STREET ADDRESS	19221 SAN CARLOS BLVD	
CITY-ST-ZIP	FORT MEYERS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gleisle, James
1.3 STREET ADDRESS	6281 Key Biscayne Blvd
1.4 CITY-ST-ZIP	Fort Myers, FL 33908
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gleisle, Patricia
5.3 STREET ADDRESS	6281 Key Biscayne Blvd
5.4 CITY-ST-ZIP	Fort Myers, FL 33908
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 941-463-6857
Date Daytime Phone #

CR2E034 (11/98)