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PROFIT CORPORATION ANNUAL REPORT



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

1996

STREET ADDRESS

DOCUMENT #

J39494

(6)

GILMAN INDUSTRIAL BUILDING COMPANY

Mailing Address Principal Place of Business 111 WEST 50 ST. 111 WEST 50 ST. NEW YORK NY 10020 NEW YORK NY 10020 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 10/24/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 58-1721801 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zio Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 HENDERSON, J. GROVER 726 OWENS ROAD 83 YULEE FL 32201-1290 Zip Code 85 City 84 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1 1 TITLE TITLE 1.2 NAME GILMAN, HOWARD L. NAME 111 WEST 50TH ST 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME SORRENTINO, DOMINICK NAME 2.3 STREET ADDRESS 1000 OSBORNE ST. STREET ADDRESS 2.4 DITY-ST-ZIP ST. MARYS GA CITY-ST-ZIP ■ Addition ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition 6. 1 TITLE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 altachment with an address. DOMINICK SORRENTINO 04.22.96 RINTED NAME OF SIGNING OFFICER OR DIRE

(12/95)

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