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 JAN 27 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J72991 (9)

1. Corporation Name
GLADES CONTRACTING CORP.

Principal Place of Business	Mailing Address
968 SOMERSET LANE MELBOURNE FL 32940 US	968 SOMERSET LANE MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0017874 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMFORD, EVELYN S.
968 SOMERSET LANE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHACKELFORD, SUSAN S.	1.2 NAME	
STREET ADDRESS	916 EASTWOOD DR.	1.3 STREET ADDRESS	500001395245
CITY-ST-ZIP	COLUMBUS GA 31907	1.4 CITY-ST-ZIP	-02/01/95--01057--006
TITLE	VASD	2.1 TITLE	****200.00 ☐ Change ☐ Addition
NAME	SAMFORD, L.B., JR.	2.2 NAME	
STREET ADDRESS	2276 DANBURY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMFORD, EVELYN S.	3.2 NAME	
STREET ADDRESS	968 SOMERSET LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	
TITLE	TASV	4.1 TITLE	☐ Change ☐ Addition
NAME	SAMFORD, L.B.	4.2 NAME	
STREET ADDRESS	968 SOMERSET LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	VASD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHACKELFORD, STEVE	5.2 NAME	
STREET ADDRESS	916 EASTWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CM

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.

SIGNATURE: Susan Shackelford 1-23-95 706560 1019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #
Susan Shackelford

0074076 CP