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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/15/1987**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21: Rt 4 Box 201B
22: Suite, Apt. #, etc.: Chipley FL
23: City & State
24: Zip: 32428
25: Country: USA

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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: Susan Shackelford
82 Street Address (P.O. Box Number is Not Acceptable): Rt 4, Box 201-B
83:
84 City: Chipley FL 85 Zip Code: 32428

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: Susan Shackelford P.S. 5-31-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHACKELFORD, SUSAN S. 916 EASTWOOD DR. COLUMBUS GA 31907	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Rt. 4 Box 201-B Chipley FL 32428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD SAMFORD, L.B., JR. 2276 DANBURY DRIVE COLUMBUS GA	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAMFORD, EVELYN S. 968 SOMERSET LN. MELBOURNE FL 32940	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TASV SAMFORD, L.B. 968 SOMERSET LN. MELBOURNE FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD SHACKELFORD, STEVE 916 EASTWOOD DR. COLUMBUS GA	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 attachment with an address.

SIGNATURE: Susan Shackelford Susan Shackelford 5-31-96 706 568 1019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #