FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS.

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on

CITY - \$1 - 2IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J72991

(9)

GLADES CONTRACTING CORP.

Principal Frace of Business Mailing Address 968 SOMERSET LANE RT 2 BOX 201B MELBOURNE FL 32940-1830 CHIPLEY FL 32940 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1987 07/08/1996 4. FEI Number Applied For 65-0017874 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHACKELFORD, SUSAN RT 4 BOX 201-8 82 x Number is not Acceptable) CHIPLEY FL 32428 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation Jubmits 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE 1.1 TITLE Addition TITLE SHACKELFORD, SUSAN S. 1.2 NAME NAME RT 4 BOX 201B STREET ADDRESS 1.3 STREET ADDRESS CHIPLEY FL 1.4 CITY - ST - 7/P COTY ST 20F TITLE VASD DELETE 21 TITLE Addition SHACKELFORD, STEVE NAME 22 NAME 916 EASTWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS **COLUMBUS GA** 2 4 CITY - ST - ZIP C-lin - ST - ZIP TITLE DELETE 31 TITLE ☐ Change O. Shackelford NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CUTC-ST-ZIE TILE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C:TV-SI-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition DOLE 5.1 T(T) F **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 0114-51-209 DELETE Change HILE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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

G OFFICER OR DIRECTOR

FILED

Jan 28 1997 8:00am

Secretary of State