

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000038262 (0)**

1. Corporation Name

G.L.S. TRIM, INC.

FILED

Mar 18, 1996 08:00 AM

Secretary of State



Principal Place of Business

**2130 HOPKINS STREET
ORANGE PARK FL 32073**

Mailing Address

**2130 HOPKINS STREET
ORANGE PARK FL 32073**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SIMS, GREGORY L
2130 HOPKINS STREET
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

07/17/1995

4. FET Number

59-3185313

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		☐ DELETE
TITLE	PD	
NAME	SIMS, GREGORY L	
STREET ADDRESS	2130 HOPKINS STREET	
CITY- ST- ZIP	ORANGE PARK FL 32073	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.		☐ Change	☐ Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY- ST- ZIP			
5. TITLE		☐ Change	☐ Addition
6. NAME			
7. STREET ADDRESS			
8. CITY- ST- ZIP			
9. TITLE		☐ Change	☐ Addition
10. NAME			
11. STREET ADDRESS			
12. CITY- ST- ZIP			
13. TITLE		☐ Change	☐ Addition
14. NAME			
15. STREET ADDRESS			
16. CITY- ST- ZIP			
17. TITLE		☐ Change	☐ Addition
18. NAME			
19. STREET ADDRESS			
20. CITY- ST- ZIP			

14. I do hereby certify that the information supplied in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

904-264-7440

CR2E034 (12/95)