

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069501

1. Corporation Name
GLA PROPERTIES, INC.

500001840925
-05/28/96--01035--049
***200.00

Principal Place of Business Mailing Address
5540 LILAC AVENUE 5540 LILAC AVENUE
MILTON, FL 32570 MILTON, FL 32570

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09-30-1993		05-01-1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3299514		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HUTTO, BILL R.
101 EAST 23RD STREET
3RD FLOOR
PANAMA CITY, FLORIDA 32405

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature of Registered Agent (Print Name and Title)

(If not, Registered Agent Separate required when submitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	
NAME	ADAMS, GEORGE, L. JR.	2. NAME	
STREET ADDRESS	5540 LILAC AVENUE	3. STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	4. CITY-ST-ZIP	
TITLE	D	5. TITLE	
NAME	JONES, JOHNNIE D.	6. NAME	
STREET ADDRESS	1699 W. HWY 98, #503	7. STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER, FLORIDA	8. CITY-ST-ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Signature Printed

CR2E034 (12/95)