

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000015078 (5)**

1. Corporation Name  
**GLS OF ORLANDO, INC.**



Principal Place of Business

Mailing Address

~~6745 WAXWING LANE~~  
~~ORLANDO FL 32810~~

6745 WAXWING LANE  
ORLANDO FL 32810

3. Date Incorporated or Qualified **02/22/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **8992 Conroy - Wintermead**

2a. Mailing Address  
26 State, Apt. #, etc

4. FEI Number **59-3298941** Applied For Not Applicable

22 City & State  
23 **Orlando, Florida**

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip **32835** 25 Country **U.S.A.**

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, GARY J  
6745 WAXWING LANE  
ORLANDO FL 32810

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE  **GARY J. Sexton** *Gary J. Sexton* *Securme* (NOTE: Registered Agent signature required for filing)

**1/26/96** DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>SEXTON, LINDA L</b>
CITY-STATE-ZIP	<b>6745 WAXWING LANE</b>
	<b>ORLANDO FL 32810</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D/S</b>
1.3 STREET ADDRESS	<b>SEXTON, Linda L.</b>
1.4 CITY-STATE-ZIP	<b>6745 Waxwing Lane</b>
	<b>Orlando, Fl. 32810</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T/D</b>
2.3 STREET ADDRESS	<b>SEXTON, Gary J.</b>
2.4 CITY-STATE-ZIP	<b>6745 Waxwing Lane</b>
	<b>Orlando, Fl. 32810</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Gary J. Sexton* **GARY J. Sexton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/96* DATE

**407-876-6500**  
Customer Service #

CR2E034 (12/95)