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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra Be Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017343 (0)

GLADES DEVELOPMENT COMPANY, INC.

					- 1 40000000 410000000 0644 0644 0644 0044 00	
Principal Pi	ace of Business	Mailing Address				
		1332 AUDUBON NEW ORLEANS LA 70118-5	532			
	-			3. Date Incorporated or Qualified 02/23/1996	3a. Date of Last Report	
	l Plac e o f Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		650643934	Not Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Si	tate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes 🕱 No	
	9. Name and Address of Curren		'	10. Name and Address of New Re	gistered Agent	
DEROUEN, SHELLY 81 Name 5 he //y DEROUEN 82 Street Address (P.O. Box Number is Not Acceptable) 3791 83						
			84 City		FI 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when revisating). DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	₩ DELETE	11 TITLE	0/1	Change Addition	
NAME	HANSEN, JANIS K		1 2 NAME	TRED Buttertield	_	
STREET ADDRES			1.3 STREET ADDRESS	FRED Butterfield 9509 MY WAY LAND FT. MYERS, FL.	= 20	
CITY-ST-ZIP	NEW ORLEANS LA 70118	————————	1.4 DTY-\$1-7IP	FT. MYERS, FL.	93919	
TITLE		☐ DEFE1E	2 1 THILE		Change Addition	
NAME .			2 2 NAME			
STREET ADDRES	s		2 3 STREET ADDRESS			
CITY-ST-ZIP		Deter	2. 4 C(1Y - S1 - Z(P		Chance D Addition	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRES	S		3 3 STREET ADDRESS			
CITY-ST-ZIP		T being	3.4. CITY - ST - ZIP		Change Addition	
TITLE		☐ DELETE	4.1 YITLE		Change Addition	
NAME	.		4. 2 NAME			
STREET ADORES	S .		4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRES	s		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			

DELETE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing occis not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agrical report is true and accurate and had my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fustee empoyered to execute this people as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching with an appears.

FILED Jun 17 1997 8:00am Secretary of State



Change

Addition