


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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90095 048 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000044909					
1. Corporation Name GLADES ENTERPRISES, INC.					
Principal Place of Business 804 N PARROTT AVE OKEECHOBEE FL 34972-2188			Mailing Address 804 N PARROTT AVE OKEECHOBEE FL 34972-2188		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996	
21		26		4. FEI Number 65-0667575	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent W CHARLES SHUFFIELD STE 600 315 E ROBINSON ST ORLANDO FL 32801			10. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	MCCARTHY, DEBORAH M				
STREET ADDRESS	804 N PARROTT AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34972-2188				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	MCCARTHY, KEVIN S				
STREET ADDRESS	804 N PARROTT AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34972-2188				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	CLARK, JAMES A III				
STREET ADDRESS	804 N PARROTT AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34972-2188				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	CLARK, MONICA				
STREET ADDRESS	804 N PARROTT AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34972-2188				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	POWERS, BRIAN				
STREET ADDRESS	804 N PARROTT AVE				
CITY-ST-ZIP	OKEECHOBEE FL 34972-2188				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 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, with all other like empowered.

SIGNATURE: Monica M. Clark 2/16/99 941-763-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0517751

CR2E034 (11/98)