**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000089616

GLADES JUNIOR & SENIOR RIFLE & PISTOL CLUB, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## Secretary of State

DIVISION OF CORPORATIONS

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90064 007 \*\*\*150.00



Principal Place of Business Mailing Address						.,	
6421 BOTTLEBRUSH LANE NAPLES FL 34109-3809  6421 BOTTLEBRUSH LANE NAPLES FL 34109-3809					DO NOT WRITE IN TH	IIS SPACE	
					Date Incorporated or Qualifed     10/28/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number	A	Applied For
21	26				65-0702661		lot Applicable
- · · ·		Suite, Apt. #, etc.	. #, etc.		5. Certificate of Status Desired .	\$8.75	Additional
22	27				3. Celtificate di Status Desired .	Fee F	Required
City & State		City & State	•		6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution		1 to rees
Zip	Country	Zip 30	י ר		This corporation owes the current year     Personal Property Tax.	Intangible    Yes	ΣΣ(No
24	25 9. Name and Address of Curre		<del></del>		10. Name and Address of New Registers		
	9. Name and Address of Curre	III Kegistered Agent	81	Name	10. Hame and taglious of the stage		
	fbauer, gary d		82		ess (P.O. Box Number is Not Acceptable)	<del></del>	
6421 BOTTLEBRUSH LANE			02	Street Addi	Tess (1.0. Dox Humber is Not Acceptable)		
NAP	LES FL 34109-3809		83				
			84	City	F	85 Zip	Code
	60 10 607.05	02 COZ 1500 Florida Statutos	the above	a named corn	oration submits this statement for the purpose	_ ,	ts registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was autho	onzed by	the corporation	on's board of directors. I hereby accept the ap	pointment as r	egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	,			
SIGNATURE							
	Signature, typed or printed name of registered ag-			t signature require	d when reinstating) DATE	AND DIRECT	ODS (N. 12
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PD STATES	C Dereis	1.1 TMLE				7,66,1,67
NAME	Burton, Dennis		1.2 NAME				
STREET ADDRESS	1733 43RD STREET, S.W.		1.3 STREET	ADDRESS			l
CITY-ST-ZIP	NAPLES FL 34116		1.4 CITY-S	T-ZIP		Change	Addition
TITLE	VD	☐ DELETE	2.1 TITLE			Change	e Addition
NAME	WILLIAMS, LARRY M		2.2 NAME				
STREET ADDRESS	260 LOGAN BLVD., N.W. 2.35		2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	10.00010		2. 4 CITY-S	T-ZIP	<u> </u>		
TITLE	TD	☐ DÉLETE 3.1 TF				Change	Addition
NAME	HOFFBAUER, GARY D	Y D 3.2 N				•	Į
STREET ADDRESS	6421 BOTTLEBRUSH LANE		33 STREET	ADDRESS			į
CITY-ST-ZIP	NAPLES FL 34109-3809		3.4. CITY-S	T-ZIP			
TITLE	SD	☐ DELETE 4.1 TI				Change Change	e ☐ Addition }
NAME	WOLF, JACK G		4. 2 NAME		•		1
STREET ADDRESS	•		4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME		•	-	
STREET ADDRESS			5.3 STREET	FADDRESS			
CITY-ST-ZIP			5.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e
NAME			6.2 NAME				
OTDEET ADDRESS			6.3 STREET	T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS