

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S22604 (0)

1. Corporation Name

G. L. ENTERPRISES OF ORLANDO, INC.

95 MAR -2 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

26 WHITE MARSH CIR
ORLANDO FL 32824
US

Mailing Address

26 WHITE MARSH CIR
ORLANDO FL 32824
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/05/1990

3a. Date of Last Report

02/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 Country

30

4. FEI Number

59-3044683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

MARSCHAND, LARRY E.
461 SUNDOWN TRAIL
CASSELBERRY 32707

81

Name

LARRY E. MARSCHAND

82

Street Address (P.O. Box Number is Not Acceptable)

26 WHITE MARSH CR.

83

84

City

ORLANDO

FL

85

Zip Code

32824

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

LARRY E. MARSCHAND

PRES

2-6-95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MARSCHAND, LARRY E

STREET ADDRESS

26 WHITE MARSH CIR

CITY - ST - ZIP

ORLANDO FL

TITLE

D

NAME

MITCHELL, GEORGENE E.

STREET ADDRESS

26 WHITE MARSH CIR

CITY - ST - ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(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 this 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:

LARRY E. MARSCHAND

LARRY E. MARSCHAND

2-6-95

407-438-7045

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)