

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

1 of 2
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **V20763** (1)

1. Corporation Name

GLADES GUNWORKS, INC.

Principal Place of Business

**4360 CORPORATE SQUARE
NAPLES FL 33942**

Mailing Address

**4360 CORPORATE SQUARE
NAPLES FL 33942**

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

09/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0321102

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

**GESSNER, SUSAN
4360 CORPORATE SQUARE
NAPLES FL 33942**

81 Name

Hall, Susan

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

4360 Corporate Square

83

84 City

Naples

FL

85

Zip Code
33942

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 NOT NEEDED. SAME AGENT, WITH NEW NAME. SEE ATTACHED.

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

(NOTE: Filing a new Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **GESSNER, TOM**
STREET ADDRESS **3209 W 76TH ST**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VPS** ☐ DELETE

NAME **TAYLOR, ROBERT**
STREET ADDRESS **3209 W 76TH ST**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VP** ☒ DELETE

NAME **STANCZAK, PAT**
STREET ADDRESS **4360 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☐ Change ☒ Addition

12 NAME **Hall, Susan**
13 STREET ADDRESS **4360 Corporate Square**
14 CITY-ST-ZIP **Naples, FL 33942**

21 TITLE **Vice President/G. Mgr.** ☐ Change ☒ Addition

22 NAME **Burton, Craig D.**
23 STREET ADDRESS **4360 Corporate Square**
24 CITY-ST-ZIP **Naples, FL 33942**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
***\$200.00 ***\$200.00

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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:

Pat Stanczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

941-643-0997

Date

Daytime Phone

CR2E034 (12/95)

1 Pg. attachment
4-11-96

COMMONWEALTH OF VIRGINIA

STATE DEPARTMENT OF HEALTH, RICHMOND



CERTIFICATE OF MARRIAGE

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

DAVID GORDON HALL _____, HUSBAND,
AND SUSAN ANN GESSNER _____, WIFE,
ON 24 FEB 96 IN NAB, LITTLE CREEK _____, VIRGINIA,
BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF
VIRGINIA BEACH _____, VIRGINIA, DATED 24 FEB 96 _____.

GIVEN UNDER MY HAND ON

24 FEB 96

Carol B. O'Leary

(Signature of Officiant)

CHAPLAIN, US NAVY

(Title of Officiant)

TO BE DELIVERED BY THE CELEBRANT TO THE PERSONS MARRIED.

VS 38 3/90

V20763