

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1992	3a. Date of Last Report 04/11/1996
4. FEI Number 65-0321102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 7150 Boone Ave N.
22 City & State	27 Suite 100
23 Zip	28 Brooklyn Park, MN
24 Country	29 55428
25	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALL, SUSAN 4360 CORPORATE SQUARE NAPLES FL 33942	81 Name Tom Gessner, Tom
	82 Street Address (P.O. Box Number is Not Acceptable) 2626 E. 82nd St., Suite #300
	83 City Bloomington, MN
	84 Zip Code 55425

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: Tom Gessner → Tom Gessner DATE: 07/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GESSNER, TOM	1.2 NAME	Karin J. Gessner
STREET ADDRESS	3209 W 76TH ST	1.3 STREET ADDRESS	2626 E. 82nd St., Suite #300
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Bloomington, MN 55425
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	2.2 NAME	Tom Gessner
STREET ADDRESS	3209 W 76TH ST	2.3 STREET ADDRESS	626 Bridgeway Lane
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SUSAN	3.2 NAME	Robert Taylor
STREET ADDRESS	4360 CORPORATE SQUARE	3.3 STREET ADDRESS	2626 E. 82nd St., Suite #300
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	Bloomington, MN 55425
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, CRAIG D	4.2 NAME	Bruce M. Campbell
STREET ADDRESS	4360 CORPORATE SQUARE	4.3 STREET ADDRESS	7150 Boone Ave N., Suite #100
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	Brooklyn Park, MN 55428
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Tom Gessner DATE: 7-29-97 612-854-5007

APPROVED
AND
FILED

97 AUG -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (4/97)