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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

688966 **DOCUMENT #**

(1)

Principal Place of Business

GLENN'S RARE COINS, INC.

Mailing Address



16072 US HW CLEARWATER US		6228 56TH AVE NO ST PETERSBURG FL 337	09		Date Incorporated or Qualified 09/24/1980	3a. Date of L 05/01	ast Report / 1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2328503		Applied For Not Applicable		
Suite, Apt. #, etc		Suite Apt. #, etc		5. Certificate of Status Desired	\$	8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
Zip	Country Zip Co 25 29 30				8. This corporation has liability for intangible tax under s 199.032. Florida Statutes: Yes XNo			
J.,	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Agei	<u>nt</u>	
			81	Name				
SHAVERS, GLENN 6228 56TH AVE. NORTH			82	Street Add	ldress (P.Ö. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33709			83					
			84	City	474	FL 8	5 Zip Code	
SIGNATURE _	Signature, typed or product han a of registered agent a OFFICERS AND	of the chapman (NOTE	F Registered Aye	rtsignature reapole	acytic renstating) ADDITIONS/CHANGES TO OFF	DATE	RECTORS IN 12	
THTLE	PD	DELETE	1 1 THTUE				hange 🔲 Addition	
JAME	SHAVERS, GLENN	_	1.2 NAME					
STREET ADDRESS	6228 56 AVE NO		13STREE	T ADDRESS				
DITY - ST - ZiP	ST PETERSBURG, FL 00000		1.4 Cilly-	S1-21P				
ITLE	vs	☐ DELETE	2 1 TITLE			□ c	nange 🔲 Addition	
NAME	SHAVERS, CAROL W.		2.2 NAME					
STREET ADDRESS	6228 56 AVE NO		23 STREE	I ADDRESS				
DITY-S1-ZIP			2.4 CITY -	S1 - ZIP				
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NAME	İ		3 2 NAME					
STREET ADDRESS				: ADDRESS				
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TITLE		Derete				ш ^ч	g. [1] //damor	
NAME			4 2 NAME	T ADDRESS				
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP THILE		OFLETE	5 1 TITLE				Change	
TITLE	1					_		

6.4 CITY - S1 - ZIF CITY - ST - ZIP 14. Too 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 certify 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 13 if changed, or on an attachment with an address.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

540 TY ST-ZP

6 1 TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QUENN SHAVERS PLES

☐ Change

Addition