

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90002 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004165

1. Corporation Name
GLOVER CONSTRUCTION CO., INC.

Principal Place of Business: HWY 301, PO BOX 40, PLEASANT HILL NC 27866
 Mailing Address: HWY 301, PO BOX 40, PLEASANT HILL NC 27866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1998**

4. FEI Number: **56-1180697** 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 owes the current year Intangible Personal Property: Yes No

Principal Place of Business	2a. Mailing Address
26	27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	28
City & State	City & State
28	29
Zip	Country
25	30

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS
4521 PGA BLVD., STE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

OFFICERS AND DIRECTORS		13.
LE	PTD GLOVER, JOHN M <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HWY 301 (POB 40)	1.2 NAME
REET ADDRESS	PLEASANT HILL NC	1.3 STREET ADDRESS
Y-ST-ZIP		1.4 CITY-ST-ZIP
LE	VD GLOVER, JOHN M <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HWY 301 (POB 40)	2.2 NAME
REET ADDRESS	PLEASANT HILL NC	2.3 STREET ADDRESS
Y-ST-ZIP		2.4 CITY-ST-ZIP
LE	SD GLOVER, JEWELL <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HWY 301 (POB 40)	3.2 NAME
REET ADDRESS	PLEASANT HILL NC	3.3 STREET ADDRESS
Y-ST-ZIP		3.4 CITY-ST-ZIP
LE	VD GLOVER, MATTHEW B <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HWY 301 (POB 40)	4.2 NAME
REET ADDRESS	PLEASANT HILL NC	4.3 STREET ADDRESS
Y-ST-ZIP		4.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME
REET ADDRESS		5.3 STREET ADDRESS
Y-ST-ZIP		5.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME
REET ADDRESS		6.3 STREET ADDRESS
Y-ST-ZIP		6.4 CITY-ST-ZIP

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Matthew B. Glover* **Matthew B. Glover** Vice-President 07-06-99 (252) 536-2660

CR2E034 (5/99)