

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90051 020 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000015694**

1. Corporation Name  
**G.L.D.V., INC.**



Principal Place of Business  
**568 E NORMANDY BLVD  
 DELTONA FL 32725**

Mailing Address  
**568 E NORMANDY BLVD  
 DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/18/1997**

4. FEI Number  
**58-2289291**

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 Tax.  Yes  No

2. Principal Place of Business  
**2443 WALKERTOWN AVE**

2a. Mailing Address  
**2443 WALKERTOWN AVE**

21 Suite, Apt. #, etc.  
**DELTONA FL**

22 City & State  
**32225 FL**

23 Zip Country  
**32225**

24 Zip Country  
**32225**

9. Name and Address of Current Registered Agent  
**DAVY, NORMA JEAN  
 568 E. NORMANDY BLVD.  
 DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name  
**DAVY, NORMA JEAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2443 WALKERTOWN AVE**

83

84 City  
**DELTONA FL**

85 Zip Code  
**32225**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	DAVY, NORMA J	
STREET ADDRESS	568 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	<input type="checkbox"/>
NAME	VALENTE, SHERWOOD B	
STREET ADDRESS	568 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/>
NAME	GLATZ, WILLIAM J	
STREET ADDRESS	568 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	<input type="checkbox"/>
NAME	LANDERS, LUCILLE	
STREET ADDRESS	2766 NEWMARK DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DAVY, NORMA JEAN		
1.3 STREET ADDRESS	2443 WALKERTOWN AVE		
1.4 CITY-ST-ZIP	DELTONA FL 32725		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	VALENTE, SHERWOOD B.		
2.3 STREET ADDRESS	2443 WALKERTOWN AVE		
2.4 CITY-ST-ZIP	DELTONA FL 32725		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	GLATZ, WILLIAM J		
3.3 STREET ADDRESS	1888 VIENNA AVE		
3.4 CITY-ST-ZIP	DELTONA FL 32725		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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, with all other like empowered.

SIGNATURE: *Norma Jean Davy (PRES)* 1/22/99 904-532-2644  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)