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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 143105 (5)  
1. Corporation Name  
GLENN E. MCCORMICK CO., INC.



Principal Place of Business Mailing Address  
% DWIGHT E. MCCORMICK % DWIGHT E. MCCORMICK  
7321 1ST AVE S 7321 1ST AVE S  
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707-1103

3. Date Incorporated or Qualified 07/11/1944 3a. Date of Last Report 01/23/1996  
4. FEI Number 59-0527489 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

2. Principal Place of Business 2a. Mailing Address  
21 1262 9th Street North 26 1262 9th Street North  
Suite Apt # etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 St. Petersburg, FL 28 St. Petersburg, FL  
Zip Country Zip Country  
24 33705 25 Pinellas 29 33705 30 Pinellas

9. Name and Address of Current Registered Agent

MCCORMICK, DWIGHT E  
7321 1ST AVE S  
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 1262 9th Street North  
83  
84 City St. Petersburg FL 85 Zip Code 33705

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 type for provided name of new, former agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS MCCORMICK, DWIGHT E  
CITY - ST - ZIP 7321 1ST AVE S  
ST PETERSBURG FL  
TITLE ☐ DELETE  
NAME SDV  
STREET ADDRESS QUEEN, LORETTA G.  
CITY - ST - ZIP 7321 1ST AVE S  
ST PETERSBURG FL  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MCCORMICK, HELEN O  
CITY - ST - ZIP 7321 1ST AVE S  
ST PETERSBURG FL  
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  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1262 9th Street North  
1.4 CITY - ST - ZIP  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1262 9th Street North  
2.4 CITY - ST - ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1262 9th Street North  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dwight E. McCormick, President

1/10/97

(813) 821-6601

Date

Daytime Phone #

0376674

CR2E034 (9/96)