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

DOCUMENT # **191777** **(2)**

1. Corporation Name

WM. GLENN, INC.

Principal Place of Business	Mailing Address
2943 ST. JOHN AVE. APT 1 JACKSONVILLE FL 32205	2943 ST. JOHN AVE. APT 1 JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: 03/21/1956
3a. Date of Last Report: 04/28/1995

4. FEI Number: 59-0965783 ☐ 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 2943 ST Johns Ave #1	26 2943 ST Johns #1
22 Suite, Apt. #, etc. APT#1	27 Suite, Apt. #, etc. APT #1
23 City & State Jacksonville 32205 Florida	28 City & State Jacksonville, Fl
24 Zip 32205	29 Zip 32205
25 Country Dual	30 Country Dual

9. Name and Address of Current Registered Agent

GLENN,WILLIAM
2943 ST JOHNS AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Delores D. Glenn (President)
82 Street Address (P.O. Box Number is Not Acceptable): 2943 ST Johns Ave
83 APT #1
84 City: Jacksonville **FL** 85 Zip Code: 32205

11. Pursuant to the provisions of Section 607.0624 and 617.1506, 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: Delores D. Glenn DATE: 3-16-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE	President ☒ Change ☐ Addition
NAME	GLENN, DELREY O		12 NAME	Delores D. Glenn
STREET ADDRESS	2943 ST JOHNS AVE		13 STREET ADDRESS	2943 ST Johns Ave #1
CITY-ST-ZIP	JACKSONVILLE, FL 00000		14 CITY-ST-ZIP	Jacksonville, Fl 32205
TITLE	T	☐ DELETE	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	GLENN, WILLIAM		22 NAME	Delores D Glenn
STREET ADDRESS	2943 ST JOHNS AVE		23 STREET ADDRESS	2943 ST Johns Ave #1
CITY-ST-ZIP	JACKSONVILLE, FL 00000		24 CITY-ST-ZIP	Jacksonville, Fl 32205
TITLE	PD	☐ DELETE	31 TITLE	Ann Michelle Roberts ☒ Change ☐ Addition
NAME	GLENN, WILLIAM		32 NAME	2943 ST Johns Ave #3 Secy & Treas.
STREET ADDRESS	2943 ST JOHNS AVE		33 STREET ADDRESS	Jacksonville, Fl 32205
CITY-ST-ZIP	JACKSONVILLE, FL 00000		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do 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)(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: Delores D. Glenn 3-16-96 384-2159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Delores D. Glenn