

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

FILED

Apr 08 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 # 191777 (2)

1. Corporation Name

WM. GLENN, INC.

Principal Place of Business

Mailing Address

81  
JACKSONVILLE FL 32205  
US

2943 ST. JOHN AVE. APT 1  
JACKSONVILLE FL 32205-8727



2. Principal Place of Business

2a. Mailing Address

21  
Suite, Apt. #, etc.

26  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip Country

28  
Zip Country

24  
25  
29  
30

3. Date Incorporated or Qualified

03/21/1956

3a. Date of Last Report

03/20/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELORES D GLENN  
3943 ST JOHNS AVE APT 1  
JACKSONVILLE FL 32205

81 Name

Ann Michelle Roberts

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

2943 St Johns Ave

83

Jacksonville FL 32205

84 City

FL

85 Zip Code

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

*Ann Michelle Roberts*

(NOTE: Registered Agent signature required when reinstating)

04/02/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DELORES D GLENN	
STREET ADDRESS	2943 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DELORES D GLENN	
STREET ADDRESS	2943 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANN MICHELLE ROBERTS	
STREET ADDRESS	2943 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann Michelle Roberts	
1.3 STREET ADDRESS	2943 St Johns Ave	
1.4 CITY-ST-ZIP	Jacksonville FL 32205	
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		

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 attachment with an address.

SIGNATURE:

*Ann Michelle Roberts*

ANN Michelle Roberts 3/15/97 (904) 388-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)