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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name GLORIA'S, INC.

458563

(4)

FILED May 12 1998 8:00am Secretary of State



| 54 1 15 | | M. S N | | | in minus militi minii minii milit militi militi sant |
|---|--|--|--|--|--|
| Principal Place of Business Mailing Address | | | | | |
| 901 E. FAIRFII | | 901 E. FAIRFIELD DR. PENSACOLA FL 32503 | | | |
| PENSACOLA F | -r 95200 | PENSACOCA PL 32303 | | DO NOT WRITE | IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 07/25/1974 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 675 | Tanglewood Dr. | 26 675 Tangle | ewood In | 59-1548808 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | b. Certificate of Status Desired | Fee Required |
| | | Cily & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Pans | sacola, FL | 28 ron 50 cold | <u>, </u> | Trust Fund Contribution | Added to Fees |
| ^{zig} | Country | Zip | Country | 8. This corporation owes or has pa | |
| 24 325 | 0 2 25 | | 30 | Personal Property Tax due June | |
| | 9. Name and Address of Current | Hegistered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| MOONE, GLONIA | | | | | |
| 675 TANGLEWOOD DR | | | | ress (P.O. Box Number is Not Acceptab | ole) |
| PER | NSACOLA FL 32503-2602 | | 83 | | |
| | | | 63 | | |
| | | | 84 City | | FL 85 Zip Code |
| 44 6 | | and CO7 4500 Florida Ctatuta | a the should named sort | paration submits this statement for the | |
| office or re | e giste red agent, or both, in the State : | of Florida. Such ch ange w as au | uthorized by the corporal | poration submits this statement for the ption's board of directors. I hereby accep | of the appointment as registered |
| age nt. I ar | m familiar with, and accept the obliga | itions of, Section 607.0505, Flor | rida Statutes. | | |
| SIGNATURE | notes the second | 000 | : Registered Agent signature requi | icad urban relicatorma) | DATE |
| 12, | Signature typid or printed nature of registered ager OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PO | DELETE | 1.1 TITLE | | Change Addition |
| NAME | MOORE, GLORIA B | | 1.2 NAME | | |
| STREET ADDRESS | 675 TANGLEWOOD DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | | 1.4 CITY - ST - ZIP | | |
| TITLE | STD | DELETE | 2.1 HTLE | | Change Addition |
| NAME | MOORE, WILLIAM | | 2.2 NAME | | |
| STREET ADDRESS | 675 TANGLEWOOD DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | | 2. 4 CITY - ST - ZIP | - | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | • |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 6.4 CITY-ST-ZIP | | |
| 14. I hereby o | certify that the information supplied wi | th this filing does not qualify for | r the exemption stated in | Section 119.07(3)(i), Florida Statutes. I ure shall have the same legal effect as i | further certify that the information f |
| officer or | director of the corporation or the rece | river or trustee emp owered to e | execute this report as req | uired by Chapter 607, Florida Statutes; | and that my name appears in |
| Block 12 (| or Block 13 if changed, or on an atlac | chment with an address. | | | |