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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 642215

(8)

## GLENDALE ENTERPRISES, INC.

| D' ' - I Di -   |   | Mariffer and Additional  |  |         |                     |  |   |              |              |
|---|---|--|--|---------|---------------------|--|---|--------------|--------------|
| Principal Place of Business 297 RAILROAD AVE DEFUNIAK SPRINGS FL 32433 US |   | Mailing Address  |  |         |                     | 7 192119 2010 2120 11212 11231 11231 11231   | A1611 41811 A1811                       | #1911 B1\$11 | #1611 (AB)   |
|   |   |  | 297 RAILROAD AVE<br>DEFUNIAK SPRINGS FL 32433-0968<br>US |         |                     |  |   |              |              |
|   |   |  |  |         |                     | 3. Date Incorporated or Qualified Sa. Date of Last Report  |   |              |              |
| * Directoral Of   |   | The state Address  |  |         |                     | 10/18/1979 02/16/1996  |   |              |              |
| <del></del> 1 '   | lace of Business                                      | 2a. Mailing Address  |  |         |                     | 4. FEI Number  |   | +-           | plied For    |
| Suite Ant   | # oto   | Suite, Apt. #, etc.  |  |         |                     | 59-1977271   |   | <del></del>  | t Applicable |
| <u> </u>  |   | 27   | 7  |         |                     | 5. Certificate of Status Desired See Required  |   |              |              |
| City & State  |   | City & State   |  |         |                     | 6. Election Campaign Financing   |   |              | May Be       |
| <b>23</b> ]<br><b>Z</b> ip  | Country   | 28 Z <sub>10</sub>   | Zip Country  |         |                     | Trust Fund Contribution  |   | Added t      |              |
| 24)   | 25  | 29 30  |  | Country |                     | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No |   |              |              |
| 41  | 9. Name and Address of Curren                         |  | 1901   | Ι       |                     | 10. Name and Address of New Re   |   |              |              |
| WILI  | KERSON, JOHN ALEX                                     | ·····  |  | B1      | Name                |  | ·                                       |              |              |
|   | RAILROAD AVENUE                                       |  |  | 82      | Street Addr         | ess (P.O. Box Number is Not Acceptab   | 10\                                     |              |              |
|   | UNIAK SPRINGS FL                                      |  | 82 Street Add  |         |                     | ess (P.O. DOX INUMBEL IS INOLACCOPIAD  | ie)                                     |              |              |
|   | VIIII VIIII VIII                                      |  |  | 63      | <del></del>         |  | *************************************** |              | <del></del>  |
|   |   |  |  | 84      | City                | · · · · · · · · · · · · · · · · · · ·  | FL®                                     | 5 Zip (      | Code         |
| 44 Dorenant   | to the previous of Sections 607 050                   | 2 and 607 1508 Florida Statu   | toe the a  |         | named corn          | oration submits this statement for the p   |   | aging it     | o registered |
| office or ri  | egistered agent, or both, in the State                | of Florida. Such change was  | authorize  | d by    | the corporati       | oration submits this statement for the p<br>ion's board of directors. I hereby accep               | t the appoint                           | ment as      | registered   |
| agent Lai   | m familiar with, and accept the obliga                | ations of, Section 607.0505, Fi  | orida Sta  | tutes   |                     |  |   |              |              |
| SIGNATURE   | Stonetian ity; est or price disease of registered age | 15 Star of annihing to the star of the sta | 75. Deaphysa   | 1 500   | l                   | ed when reinstating)   | DATE                                    |              | ·····        |
| 12.   | OFFICERS AN   |  | 13.  | a vaa   | ni signature redusi | ADDITIONS/CHANGES TO OFFIC   |   | RECTOR       | S IN 12      |
| TIT <sub>s</sub> E  | PVD   | DELETE   | 1.1 TI   | TLE     | <u> </u>            | NODITIONO IN NOLO TO OTTIO   |   | Change       | Addition     |
| NAME  | WILKERSON, JOHN A                                     | ,  | 1.2 N  |         |                     |  |   |              |              |
| STREET ADDRESS  | 510 RAILROAD AVE                                      |  | 1.3 \$   | TREET   | ADDRESS             |  |   |              |              |
| CITY - ST - ZIF   | DEFUNIAK SPRING FL                                    |  |  | ITY-S   |                     |  |   |              |              |
| TITLE   | VD  | ☐ DELÉTE   | 2 1 TI   |         |                     |  |   | Change       | Addition     |
| NAME  | WILKERSON, WILLIAM P                                  |  | 22N  | AME.    |                     |  |   |              |              |
| STREET ADDRESS  | 9380 GLENDALE HWY                                     |  | 2.3 \$   | TREET   | ADORESS             |  |   |              |              |
| CITY-S1-ZIP   | DEFUNIAK SPRINGS FL                                   |  | 2 4 0  | ITY-S   | IT-ZIP              |  |   |              |              |
| TOLE  | STD   | DELETE   | 3170   |         |                     |  |   | Change       | Addition     |
| NAME  | WILKERSON, SYLVIE A                                   |  | 3.2 N  | AME     |                     |  |   |              |              |
| STREET ADDRESS  | 510 RAILROAD AVE                                      |  | 3.3 \$   | TREET   | ADDRESS             | •  |   |              |              |
| CITY-ST ZIP   | DEFUNIAK SPRINGS FL                                   |  | 3.4 (  | ITY-S   | IT-ZIP              | •  |   |              |              |
| TITLE   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                 | DELETE   | 4 1 T  | TLE     |                     |  |   | Change       | Addition     |
| NAME  |   |  | 4.2 N  | IAME    |                     |  |   |              |              |
| STREET ADDRESS  |   |  | 4.3 \$   | TREET   | ADDRESS             | ·  |   | -            |              |
| CITY - ST - ZIP   |   |  | 4.4 C  | (TY-S   | T-ZIP               |  |   |              |              |
| TITLE   |   | DELETE   | 5.1 T  | TLE     |                     |  |   | Change       | Addition     |
| NAME  |   |  | 5.2 N  | AME     |                     | •  |   |              |              |
| STREET ADDRESS  |   |  | 5.3 S  | TREET   | ADDRESS             |  |   |              |              |
| CITY - S1 - 74P   |   |  | 5.4 C  | ITY-S   | T-ZIP               |  |   |              |              |
| TITLE   |   | DELÉTE   | 6.1 ₹  | TLE     |                     |  |   | Change       | Addition     |
| NAM?  |   |  | 6.2 N  | AME     |                     |  |   |              |              |
| STREET ADDRESS  |   |  | 6.3 S  | TREET   | ADDRESS             |  |   |              |              |
| CITY - S1 - ZIP   |   |  | 6.4 C  | ITY-S   | T-ZIP               |  |   |              |              |
| 14. I do heret  | by certify that the information supplie               | d with this filing does not qual   | ify for the  | exe     | mption stated       | l in Section 119.07(3)(i), Florida Statute   | s. I further ce                         | rtify that   | the          |
| Lam an of   |   | the receiver or trustee empoy  | vered to i   |         |                     | my signature shall have the same legat<br>t as required by Chapter 607, Florida S                  |   |              |              |