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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

642215

0 11/11

(8)

GLENDALE ENTERPRISES, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

Principal Plac	co of Business	Mailing Address				
297 RAILROAD AVE DEFUNIAK SPRINGS FL 32433 US		297 RAILROAD AVE DEFUNIAK SPRINGS FL 32433 US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 10/18/1979		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	┥	
21		26		59-1977271 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	1	
22		27		Fee Required		
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be	1	
23		28		Trust Fund Contribution Added to Fees		
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intanginle	1	
[24]	25 9. Name and Address of Curren		10	Personal Property Tax due June 30. Yes II/No 10. Name and Address of New Registered Agent	4	
1200		r ueðisteien viðeit	81 Nam		$\frac{1}{2}$	
	LKERSON, JOHN ALEX			TOHN A, Set Address (P.O. Box Numbprus Not Acceptable) 97	1	
510 RAILROAD AVENUE			82 Street	ect Address (P.O. Box Number is Not Acceptable)	1	
l DE	Funiak springs fl		83 29	97 KAILKUAU HUE	4	
			63			
			84 City	FUNIAK SPGS. FL 85 32433	1	
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1509 Floreda Statutor	the shows page	DEVINIAK SPG5, 1 FL 32433 led corporation submits this statement for the purpose of changing its registered	4	
i office of r	enistered abent of both to the State.	int Florida. Such change was air	thorizod by the er	corporation's board of directors. I hereby accept the appointment as registered		
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori-	da Statutes.	•		
SIGNATURE	Stgnature, typed or printed name of registered age	ot and tille ill send caldo (MCCT)	Desirtored Apont rigget	sture required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Įį	
TillE	PVD	DELETE	1111111	PVD Addition		
NAME	WILKERSON, JOHN A		1.2 NAME	WILKERSON, JOHN A.	;	
STREET ADDRESS	510 RAILROAD AVE		1.3 STREET ADDRESS	SS 297 RAILROAD AUE	18	
CITY-ST-ZIP	DEFUNIAK SPRING FL		1.4 CITY-S1-ZIP	Defuniak Spys, Fl 32433	ļ	
THLE	VD	DELETE	2.1 TOLE	♥ ♥ Lhange L Addition	t	
NAME	WILKERSON, WILLIAM P		2.2 NAME	WILKERSON, WILLIAM P.		
STREET ADDRESS	9380 GLENDALE HWY		2.3 STREET ADDRESS	S 9380 HWY 83 NORTH"		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		2.4 CITY-ST-7IP	DEFUNIAK SPESUFI 32433		
TITLE	STD	X DELETE	3.1 TITLE	Change Addition	1	
NAME	WILKERSON, SYLVIE A		3.2 NAME		1	
STREET ADDRESS	510 RAILROAD AVE		3.3 STREET ADDRESS	SS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3.4. CITY - \$1 - ZIP			
TITLE		☐ DELETE	4.1 TOLE	☐ Change ☐ Addition	1	
NAME	_	:	4. 2 NAME.		4	
			4.3 STREET ADDRESS	is	-	
CITY - ST - ZIP	······	50.555	4.4 CITY - ST - 7IP			
TITLE		DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	S		
CITY-ST-ZIP		Terres	54 CITY - ST - ZIP			
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME		1	
STREET ADDRESS			6.3 STREET ADDRESS	s		

14. I 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.