

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005833 (9)

1. Corporation Name

GLEN BRIAR, INC.

Principal Place of Business

HCR 62, BOX 61 W
CARRABELLE FL 32322

Mailing Address

HCR 62, BOX 61 W
CARRABELLE FL 32322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

08/20/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-2431319

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MALCOLMSON, ROBERT J
HCR 62, BOX 61 W
CARRABELLE FL 32322

81 Name

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

83

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

Robert Malcolmson

Pm.

4/27/95

Signature, typed or printed name of registered agent and file # if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME MALCOLMSON, ROBERT J JR
STREET ADDRESS HCR 62, BOX 61 W
CITY - ST - ZIP CARRABELLE FL 323221.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE VVC
NAME MALCOLMSON, MARLENE J
STREET ADDRESS HCR 62, BOX 61 W
CITY - ST - ZIP CARRABELLE FL 323222.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE S
NAME PORECHIE, ROY
STREET ADDRESS POST OFFICE BOX 561 N/A
CITY - ST - ZIP WHEATON IL3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

MALCOLMSON, MARLENE J
HCR 62 BOX 61 W
CARRABELLE, FL 32322TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 697-2217