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

AMENDED

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris , 61.25
Secretary of State
DIVISION OF CORPORATIONS

99 JUN 29 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005833

1. Corporation Name

GLEN BRIAR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540 SOPCHOPPY, FL 32358	P.O. BOX 540 SOPCHOPPY, FL 32358

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/23/1993

4. FEI Number: 36-2431319 [ ] 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 owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

PETER MALCOMSON
~~P.O. BOX 540~~ 730 Woodlake Rd.
SOPCHOPPY, FL 32358

10. Name and Address of New Registered Agent

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: Peter Malcomson - Pres. Pat Mal 6-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changed.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P,T,D [ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	PETER MALCOMSON	12 NAME	
STREET ADDRESS	P.O. BOX 540	13 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY, FL 32358	14 CITY-ST-ZIP	
TITLE	V,S,D [ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	SANDRA MALCOMSON	22 NAME	
STREET ADDRESS	P.O. BOX 540	23 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY, FL 32358	24 CITY-ST-ZIP	
TITLE	P.T.D. [ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	Peter Malcomson	32 NAME	
STREET ADDRESS	730 Woodlake Rd.	33 STREET ADDRESS	
CITY-ST-ZIP	Sopchoppy, FL 32358	34 CITY-ST-ZIP	
TITLE	V.S.D [ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	Sandra Malcomson	42 NAME	
STREET ADDRESS	730 Woodlake Rd.	43 STREET ADDRESS	
CITY-ST-ZIP	Sopchoppy, FL 32358	44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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6-21-99

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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, with all other like empowered.

SIGNATURE: Peter Malcomson Pat Mal 6-21-99 850-962-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number