SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000004263 (6)

GLORY ON THE GO INC.

FILED Oct 01 1998 8:00am Secretary of State



			_		
Principal Place of Businoss		Mailing Address			
3322 Mobile Hwy Pensagola FL 32505		3322 MOBILE HWY PENSACOLA FL 32505			
		PENDAGGA TE DESGO		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/13/1997	
2. Principal Place of Business Awy		2a. Mailing Address 26 HECK MEBILE HIJG		4. FEI Number #162-173- APPLIED FOR 2216	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
3 PENSACOLA	,FL.	28 For Mich, Fl	A	6, Etection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
32505 ₂	Country SA.	29 3250C 30	Country USA	This corporation owes or has paid the or Personal Properly Tex due June 30.	Yes No
	and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
CHRISTOPHER,			81 Name		
3322 MOBILE HI			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL	32303		83		
			84 City		85 Zip Code
				<u> </u>	
SIGNATURE	ent, or both) in the Stat th, and accept the oblig L L L L L L r printed name of registered ag	17)16 () ()1668.61	rized by the corporati Statutes. OFY ONTHE agisteres Agent signature req	ration submits this statement for the purpose of on's board of directors. I hereby accept the app (CO T CO)	ointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE PCD	UED DAGED	DELETE	I.1 TITLE		Change Addition
ME CHRISTOPHER, ROGER 3322 MOBILE HWY			I.2 NAME		
			.3 STREET ADDRESS		
PENSACOI	LA PL		I.4 CITY-ST-ZIP		·
TITLE		E Deterie	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	9.4 CITY-ST-ZIP		
		L DEC.LIC	1.2 NAME		Change Addition
NAME STREET ADORESS			I.3 STREET ADDRESS		
			I.4 CITY-ST-ZIP		
DITY-ST-ZIP			1.1 TITLE	······································	Change Addition
√AME		41 122	I.2 NAME		Change E J Hashort
STREET ADDRESS			.3 STREET ADDRESS		
CITY-ST-ZIP			i.4 CITY-ST-ZIP		
TITLE			1.1 TITLE		Change Addition
AME			i.2 NAME		
STREET ADORESS			.3 STREET ADDRESS		
CITY-ST-ZIP			.4 CITY-ST-ZIP		
TITLE		DELETE	I.1 TITLE		Change Addition
1		6	I.2 NAME		
NAME			I I		
IAME STREET ADDRESS		6	.3 STREET ADDRESS		

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 frustee 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.

| PRESIDENT | PRESID