## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

G10467

(0)

1. Corporation	MENT # <b>G1046</b> GLADE BOWL, INC.	67 (0)							
Principal Place of Business Mailing Address						- 1 10010H 900H 110H 00H 01H 010H 01H			f <b>0/0</b> /1 <b>0/0</b> /1 ( <b>1/0</b> )
2500 N FEDERAL HWY FT. PIERCE FL 34946		2500 N FEDERAL HWY FT. PIERCE FL 34946							
						3. Date Incorporated or Qualified 11/03/1982	3a. Date	of Last R	•
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		<del>```</del>	Applied For	
21		26							Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	<u> </u>	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			199.032,
24	25 9. Name and Address of Curre	29   nt Registered Agent	<u> 30 </u>		_	10. Name and Address of New I		gent	
CALLESTON AL AL 1 IN AL SEASON MAY 1 WASHINGTON .				B1	Name	······································		•	
MATTHEWS, KENNETH W.				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	RTH FEDERAL HIGHWAY								
FT PIER	E FL <del>-83450</del> ~ 349 ¥ €			B3					
				84	City		Fi	85 Zı	rp Code
or registere familiar with SIGNATURE	of the provisions of Sections 607.050, dagent, or both, in the State of Flort, and accept the obligations of, Section 1, and accept the obligations of the Section 1, and accept the obligations of the Section 1, and accept the obligations of the Section 1, and accept the obligation 1, and accept the obl	ida. Such change was authori: tion 607.0505, Florida Statute:	zed by the c s.	orpo	iamed corpora oration's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of char pointment as r	nging its i	registered office d agent. I am
12.	<u> </u>	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
TITLE	P	DELETE	1, 1 TI	1. 1 TITLE			Ľ.	] Change	☐ Addition
NAME	MATTHEWS, KENNETH W		1 2 NA	ME					
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STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.3 ST		1				
14. I do hereby	certify that the information supplied	with this filing is voluntarily fun	nished and d	does	not qualify fo	or the exemption stated in Section 119	1.07(3)(k), Flori	ida Statu	tes. I further
certify that oath; that I	trie information indicated on this ann am an officer or director of the corpi	ual report or supplemental and pration or the receiver or truste	nual report is ee empower	s true ed to	e and accurat o execute this	te and that my signature shall have the report as required by Chapter 607, F	: same legal e lorida Statute	лесt as i s; and th	t made under lat my name

SIGNATURE: KINAT KENNSTEL W. MATTHEWS 4/11/96 407-4643343