## 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 DOCUMENT #

1. Corporation Name G41231

(3)

GLODEN, INC.



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Principal Place o	of Business	Maring Address		Į.		
HIGHLAND PUB / 1228 S H16HC ANDANE 2211 DAVIES AVENUE CLEARWATER FL 34616 US		C/O GLORIA FAVREAU 2211 DAVIES AVENUE				
		DUNEDIN FL 3469	16	3. Date Incorporated or Qualified 05/27/1983	3a. Date of Last Report 04/20/1995	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-2345234	Applied For Not Applicable	
Suite, Apt. #, etc.		Suitu, Apt. #, et	(,	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
3 Z <sub>(p</sub>	Country	<b>28</b> 7φ	Country	8. This corporation has liability for	r intangible tax under s. 199.032, is	
.4	25	29	30	10. Name and Address of New	Registered Agent	
	9. Name and Address of Co	urrent Registered Agent		ame		
FAVREAU, GLORIA			1 - 1	O C David Lomber in Not Acceptable)		
2211 D	AVIES AVE IN FL 34698		83			
			1 - 1	oity	FL 85 Zip Code	
11. Pursuant or registe familiar w	to the provisions of Sections 607 fred agent, or both, in the State of with, and accept the obligations of	0502 and 607.1508, Florida If Florida Such change was a Section 607.0505, Florida Si	tatutes	ned corporation submits this statement for the r tion's board of directors. Thereby accept the ap	ourpose of changing its registered office oppointment as registered agent. I am	
SIGNATURE		and settings are are	NOTE Registered Age 4.5	peace required where rendatingly	DATE.	
Signature, typed or profess rained registrating AND DIRECTORS 13			13.	ADDITIONS/CHANGES TO U	FFICERS AND DIRECTORS IN 12	
12.	P	☐ DELE	TE 1 1 Tille			

SIGNATURE	grature, tyled or ported owne of regeleron agest and the		F. Ringistered Agent signature required to 13.	ADDITIONS/CHANGES TO DEFICERS AND DITECTORS
12.	OFFICERS AND DIR	DELETE	1 1 Ide	Change Addition
TITLE	P	Poetere	1.2 NAME	
NAME	FAVREAU, DENNIS J			
STREET ADDRESS	1228 S HIGHLAND AVE		13 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000		14 CiTY - ST - ZiP	Change Addition
TOLE	ST	DELETE	2 1 THEF	
NAME	FAVREAU, GLORIA		2.2 NAME.	
STREET ADDRESS	1228 S HIGHLAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000		2.4 CITY - ST - ZiP	Change Addition
TITLE		DELETE	3 1 717LE	
NAME			3.2 NAME	
			3.3 STHEET ADDRESS	
STREET ADDRESS			3 4 CHY - S1 - ZIF	Change Addition
CITY-ST-ZIP		DELF1E	4 ) TITLE	
TITLE			4 2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY - ST - ZIP	☐ Change ☐ Addition
CITY - ST - ZIP		DELETE	5 1 THLE	Charge Kounsin
TITLE			5.2 NAME	
NAME			5 3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY - ST - ZIP	
CiTY - ST - ZIP		DELETE	6 17016	Change Addition
TITLE		П 2	62 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS				
CITY - ST - ZIP			64 Cily - ST - 7 P	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. If 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR