

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90011 032 ***150.00

DOCUMENT # **G69709**

1. Corporation Name
GLEN M. MENZ, INC

Principal Place of Business
**3118 LAWSON BLVD
DELRAY BEACH FL 33445
US**

Mailing Address
**3118 LOWSON BLVD
DELRAY BEACH FL 33445-5635**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1983

4. FEI Number

59-2333848

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.

☐ Yes ☐ No

2. Principal Place of Business

21 **4217 PALM FOREST DR. So.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4217 PALM FOREST**
Suite, Apt. #, etc.

22 **DRIVE SOUTH**

23 **Delray Beach, FL**

27 **DelRay Beach**

24 **33445** Country **PALM Bch**

29 **33445** Country **PALM Bch**

9. Name and Address of Current Registered Agent

**MENZ, GLEN M.
3118 LOWSON BLVD
DELRAY BEACH FL 33445**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MENZ, GLEN M**
STREET ADDRESS **3118 LOWSON BLVD**
CITY-ST-ZIP **DELRAY BCH, FL 00000**

TITLE **VPD** ☐ DELETE
NAME **REVELLA, LAURA MENZ**
STREET ADDRESS **4015 E. 107TH STREET**
CITY-ST-ZIP **TULSA OK**

TITLE **STD** ☒ DELETE
NAME **MENZ, DONNA BENNETT**
STREET ADDRESS **3118 LOWSON BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4217 PALM FOREST DRIVE SOUTH
Delray Beach, FL. 33445**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **GLEN M. MENZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/99

Date

561-495-5587

Daytime Phone #

CR2E034 (5/99)

Dept. Of State

588104-90011-32
669709

DIVISIONS OF CORPS.

Tallahassee, FL. 32302-1500

06/30/99

I have recently moved. I did
NOT receive the FIRST NOTICE.
I have been under a DOCTORS CARE
due to my wife's (DONNA'S) RECENT
Death.

I PRAY THAT YOU WILL ACCEPT
THE \$1500 & RENEW MY CORPORATION.

Sincerely:

Glen M. Mery