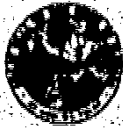


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G80810

(6)

1. Corporation Name

GLEN-COLL ENTERPRISES, INC.

APPROVED
AND
FILED
95 APR 26 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
503 3RD ST SW WINTER HAVEN FL 33880 US		503 3RD ST SW WINTER HAVEN FL 33880 US		12/19/1983	04/21/1994
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	Applied For
22. City & State		27. City & State		59-2368657	Not Applicable
23. Zip		28. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country		30. Country		8. This corporation has liability for intangible tax under B. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRAUB, ROBERT G.
503 3RD ST SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	STRAUB, ROBERT G	1.2 NAME	
STREET ADDRESS	503 3RD ST SW	1.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	1.4 CITY- ST- ZIP	33880
TITLE	VTS	2.1 TITLE	☐ Change ☒ Addition
NAME	STRAUB, MARJORIE H.	2.2 NAME	
STREET ADDRESS	503 3RD ST SW	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	2.4 CITY- ST- ZIP	33880
TITLE	V	3.1 TITLE	☐ Change ☒ Addition
NAME	STRAUB, GLENN, R	3.2 NAME	
STREET ADDRESS	503 3RD ST SW	3.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	3.4 CITY- ST- ZIP	33880
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marjorie H. Straub

MARJORIE H. STRAUB

4-18-95

Date

813 293-0003

Daytime (Area #)