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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H13704 (2)

1. Corporation Name
GLIDDEN ELECTRONICS, INC.

Principal Place of Business

615 W TAYLOR ROAD
DELAND FL 32720

Mailing Address

615 W TAYLOR ROAD
DELAND FL 32720-8401



3. Date Incorporated or Qualified 07/18/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2447656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GLIDDEN, JAMES B.
106 HORSESHOE BEND
DELEON SPRINGS FL 32028

10. Name and Address of New Registered Agent

81 Name Glidden, James B.
82 Street Address (P.O. Box Number is Not Acceptable) 1607 Marty Drive
83
84 City Pierson
85 Zip Code FL 32180

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS	GLIDDEN, JAMES B. 106 HORSESHOE BEND DELEON SPRINGS FL	1.1 TITLE PD	Glidden, James B. 1607 Marty Drive Pierson, FL 32180
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE AST	GLIDDEN, JOAN 106 HORSESHOE BEND DELEON SPRINGS FL	2.1 TITLE VDS	Gurnow II, Joseph W. 2644 Magnolia Rd. DeLand, FL 32720
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	WANDS, THOMAS F 115 LAKE WINNEMISSETT DR DELAND FL	3.1 TITLE AST	Glidden, Joan 1607 Marty Drive Pierson, FL 32180
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	MASTER, JOSEPH J 505 E NEW YORK AVE DELAND FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	BARNETT, STEPHEN T STETSON UNIVERSITY BUSN DELAND FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	HUNT, TOM 3818 EAST KACHINA PHOENIX AZ	6.1 TITLE	
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 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: *Joseph W. Gurnow II* 4/15/97 (904)738-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)