FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H16696 (7)

1. Corporation Name
GLEN ALLEN, INC.

Principal Place of Business
203 WASHINGTON ST., SUITE E
P. O. BOX 756
ROGERSVILLE TN 37857

Mailing Address
203 WASHINGTON ST., SUITE E
P. O. BOX 756
ROGERSVILLE TN 37857

2. Principal Place of Business
21 107 W. McKinney Ave.
Suite, Apt. #, etc.
22 Suite 2
City & State
23 Rogersville, TN
Zip 24 37857 Country 25 USA

2a. Mailing Address
26 P. O. Box 756
Suite, Apt. #, etc.
27
City & State
28 Rogersville, TN
Zip 29 37857 Country 30 USA

3. Date Incorporated or Qualified: 08/15/1984
3a. Date of Last Report: 03/24/1995
4. FEI Number: 62-1309816 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
COLLETTE, ANNI W.
2000 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

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	PST	☐ DELETE
NAME	COURTNEY, GLEN A.	
STREET ADDRESS	203 WASHINGTON ST, #E	
CITY-ST-ZIP	ROGERSVILLE TN	
TITLE	V	☐ DELETE
NAME	COURTNEY, GLEN A.	
STREET ADDRESS	203 WASHINGTON ST, #E	
CITY-ST-ZIP	ROGERSVILLE TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☒ Change ☐ Addition
1 2 NAME	Glen A. Courtney	
1 3 STREET ADDRESS	107 W. MCKinney Ave, Suite 2	
1 4 CITY-ST-ZIP	Rogersville, TN 37857	
2 1 TITLE	Vice President	☐ Change ☐ Addition
2 2 NAME	Glen A. Courtney	
2 3 STREET ADDRESS	107 W. McKinney Ave., Suite 2	
2 4 CITY-ST-ZIP	Rogersville, TN 37857	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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 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 A. Courtney 6/26/96 423-272-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #