

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H35143 (7)**

1. Corporation Name
ERNE GLOVER, INC.



Principal Place of Business
**LANE 28 LAKEPORT
RT 2 BOX 222
MOORE HAVEN FL 33471**

Mailing Address
**LANE 28 LAKEPORT
RT 2 BOX 222
MOORE HAVEN FL 33471**

3. Date Incorporated or Qualified **12/21/1984** 3a. Date of Last Report **03/14/1995**

4. FEI Number **59-2479110** 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

2. Principal Place of Business 2a. Mailing Address

21 **10825 Glover LN NE** 26 **10825 Glover LN NE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
LAKEPORT, FL **LAKEPORT, FL**

23 Zip Country 28 Zip Country
33471 USA **33471 USA**

24 25 29 30

9. Name and Address of Current Registered Agent

**GLOVER, ERNEST E JR
LANE 28, LAKEPORT
RT 2 BOX 222
MOORE HAVEN FL 33471**

10. Name and Address of New Registered Agent

81 Name **Glover, ERNEST E JR**
82 Street Address (P.O. Box Number is Not Acceptable)
10825 Glover LN NE
83
84 City **LAKEPORT** FL 85 Zip Code **33471**

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 *Ernest E. Glover Jr* DATE **4-8-96**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GLOVER, ERNEST E. JR. | |
| STREET ADDRESS | RT 2 BOX 222 | |
| CITY - ST - ZIP | MOORE HAVEN FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GLOVER, VIETTA N. | |
| STREET ADDRESS | RT 2 BOX 222 | |
| CITY - ST - ZIP | MOORE HAVEN FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|------------------------------|---|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Glover, ERNEST E. JR. | |
| 1.3 STREET ADDRESS | 10825 Glover LN NE | |
| 1.4 CITY - ST - ZIP | LAKEPORT, FL 33471 | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Glover, VIETTA N. | |
| 2.3 STREET ADDRESS | 10825 GLOVER LN NE | |
| 2.4 CITY - ST - ZIP | LAKEPORT, FL 33471 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vietta N Glover - Vietta N, Glover* DATE: **4-8-96** **941-946-0383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)