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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90169 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J18621

1. Corporation Name
GLYNCO INVESTMENT ADVISORS, INC.

Principal Place of Business
 2989 UNIVERSITY DR
 SUITE 60
 CORAL SPRINGS FL 33065
 US

Mailing Address
 2898 UNIVERSITY DR
 STE 60
 CORAL SPRINGS FL 33065
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1986

4. FEI Number

00-0000092

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **100 Rialto Place**

Suite, Apt. #, etc.

22 **Suite 708**

City & State

23 **Melbourne, FL**

Zip

24 **32901**

Country **US**

2a. Mailing Address

26 **100 Rialto Place**

Suite, Apt. #, etc.

27 **Suite 708**

City & State

28 **Melbourne, FL**

Zip

29 **32901**

Country **US**

9. Name and Address of Current Registered Agent

BYRD, SUSAN G.
 5225 GATE LAKE RD.
 TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

BYRD, SUSAN G

82 Street Address (P.O. Box Number is Not Acceptable)

940 Turtle Pond Way

83

84 City

Melbourne

FL

85 Zip Code

32940

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 **DP** ☐ DELETE
 NAME **BYRD, E. GLYNN**
 STREET ADDRESS **5225 GATE LAKE RD.**
 CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
 NAME **BYRD, SUSAN G.**
 STREET ADDRESS **5225 GATE LAKE RD.**
 CITY-ST-ZIP **TAMARAC 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

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 **940 Turtle Pond Way**
 1.4 CITY-ST-ZIP **Melbourne, FL 32940**

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS **940 Turtle Pond Way**
 2.4 CITY-ST-ZIP **Melbourne, FL 32940**

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

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, with all other like empowered.

SIGNATURE: **E. GLYNN BYRD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 721-7575

CR2E034 (1-1/98)