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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J28594**

(6)

1. Corporation Name

GLOVER ENTERPRISES, INC.



Principal Place of Business

% PRESTON P. GLOVER
1324 MILL CREEK CIR.
KISSIMMEE FL 34744

Mailing Address

% PRESTON P. GLOVER
1324 MILL CREEK CIR.
KISSIMMEE FL 34744

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

9. Name and Address of Current Registered Agent

**GLOVER, PRESTON P.
2501 N. MICHIGAN
KISSIMMEE FL 32741**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

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: *Preston P. Glover*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

3-11-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PVS
GLOVER, PRESTON P.
1005 LEHIGH ST.
KISSIMMEE FL**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
GLOVER, PRESTON P.
1005 LEHIGH ST.
KISSIMMEE FL**

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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: *Preston P. Glover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 407-846-1173

Daytime Phone *

CR2E034 (12/95)