

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **GLOVER ENTERPRISES INC**
1. Corporation Name
2501 N HIGH AVE
KISSIMMEE FLA 34744

Principal Place of Business
PRESTON'S AUTO PARTS
2501 N HIGH AVE
KISSIMMEE FLA 34744

Mailing Address

128594

2. Principal Place of Business	2a. Mailing Address
21 2501 N HIGH AVE	26 2501 N HIGH AVE
22 FLA	27 FLA
23 KISSIMMEE	28 FLA
24 34744	29 34744
25 OSCEOLA	30 OSCEOLA

3. Date Incorporated or Qualified MAY 19-1986	3a. Date of Last Report
4. FEI Number 59-2830045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
Preston P. Glover
2685 Ellen CT
Kissimmee FL 34744

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 and agree to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **PRESTON P. GLOVER**

4-17-97

12. OFFICERS AND DIRECTORS	
12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	Preston P. Glover
12.3 STREET ADDRESS	2685 Ellen CT
12.4 CITY-ST-ZIP	Kissimmee FL 34744
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	Preston P. Glover
12.7 STREET ADDRESS	2685 Ellen CT
12.8 CITY-ST-ZIP	Kissimmee FL 34744
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	Preston P. Glover
12.11 STREET ADDRESS	2685 Ellen CT
12.12 CITY-ST-ZIP	Kissimmee FL 34744
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	

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*****173.75**

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: **Preston P. Glover**

4/12/97

402-846-1173

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

PRESTON P. GLOVER

CR2E034 (9/96)