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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45888

403 PHILADELPHIA DRIVE

JUPITER FL 33458

(1)

GLEN A. DEMICK, INC.

21

22

23

24

FILEI)
Feb 28 1997	8:00am
Secretary of	of State

Principa. Place of Business Mailing Address ** ROBERT A. MAY **403 PHILADELPHIA DRIVE JUPITER FL 33458 JUPITER FL 33458 JUPITER FL 33458-4245					
DEFILITE WITE	SOUTH AND SOUTH TO		3. Date Incorporated or Qualified 12/08/1986	3a. Date of Last Report 03/19/1996	
2. Principa' Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
5896 KEITH RD.	26		59-2740706	Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 23 JUPITER, FL. 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 33458-3487 25 U.S.A.	Zip 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
Robert A. May		81 Name			

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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

82

83 84 City

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

SIGNATURE	Fig. also - Typed or printed can out registered agent and little if applicable	ANOTE, P.	stered Agent signature requir	A sectional	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO C		S IN 12
TITLE	DP DEL		1.1 THILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	DEMICK, GLEN A.		1,2 NAME		_ •	
STREET ADDRESS	5896 KEITH RD		1.3 STREET ADDRESS			
COY-SI-7IP	JUPITER FL		1.4 CITY-ST-ZIP			
TIFLE	D DE	LETE	2.1 TITLE		Change	Addition
NAME:	DEMICK, GENA		2.2 NAME			
STREET ADDRESS	5896 KEITH RD	ľ	2.3 STREET ADDRESS			
C-1Y - \$1 - ZiP	JUPITER FL		2. 4 CITY - ST - ZIP			
TITLE	DEI	LETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-\$1-2IP			3.4. CITY - ST - ZIP			
TILLE	DEI	LETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY - ST - ZIF			4 4 City - ST - ZIP			
THE	□ DEI	LETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY \$1-709			5.4 CITY-ST-ZIP			
THEE	□ DEI	LETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS		1	6.3 STREET ADDRESS			
CITY+ST-70P	and full of the information amphed with this Fline door		6.4 CITY-ST-ZIP			

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 of 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 ittachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

(561) 743-3683

Zip Code