FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (1)J45888 GLEN A. DEMICK, INC. Principal Place of Business Mailing Address 5896 KEITH RD. % ROBERT A. MAY 403 PHILADELPHIA DRIVE 403 PHILADELPHIA DRIVE DO NOT WRITE IN THIS SPACE JUPITER FL 33458-3487 JUPITER FL 33458 3. Date Incorporated or Qualified 12/08/1986 Applied For 2. Principal Place of Busines 2a. Mailing Address 26 59-2740706 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERT A. MAY **403 PHILADELPHIA DRIVE** 82 ess (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 Supiter Zip Code 33 45 8 84 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 philia with, and accept the obligation of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE DP 1.1 TITLE NAME DEMICK, GLEN A. 1.2 NAME STREET ADDRESS 5896 KEITH RD 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME DEMICK, GENA 2.2 NAME 5896 KEITH RD STREET ADDRESS 2.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 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 chapted or on an attachment with an address. (Hen A1) mick 3/1/198 (571)743-3882

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

DELETE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP