**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J91176 1. Corporation Name

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90081 046 \*\*\*150.00

GLENDALE SQUARE, INC.							
							01 <b>2</b> 11 31411 1881
Principal Place of Business Mailing Addre							
2810 CAPITAL CIRCLE N.E.  TALLAHASSEE FL 32308-7700  2810 CAPITAL CIRCLE N.E.  TALLAHASSEE FL 32308-7700				DO NOT W	RITE IN THIS	SPACE	
			3. D	ate Incorporated or Qualif	ed		,
			0	9/08/1987			
2. Principal Place of Business 2a. Mailing Ad	idress			El Number		-	pplied For
21 26	<del></del>		_~_\~~5	<u>9-2844757</u>			ot Applicable
Suite, Apt. #, etc. Suite, Apt. 22	. #, etc.		<b>5</b> . C	ertifcate of Status Desired		¥	Additional equired
City & State City & Sta	ite		6. E	lection Campaign Financi	ng 🗆		May Be
23 28				rust Fund Contribution			to Fees
Zip Country Zip	Cour	ntry	I	his corporation owes the o	urrent year in		
24 25 29	30			ersonal Property Tax.	Danistanad	Yes	□No
9. Name and Address of Current Registered Ager		81 Name	10. N	lame and Address of Ne	w Kegistered	Agent	
WHITAKER, EDWIN T III		Name	•				
2810 CAPITAL CIRCLE N.E.		82 Street	Address (P.O	. Box Number is Not Acce	eptable)		
TALLAHASSEE FL 32308	-	83		<del></del>			
TALLATIAGGE TE GEGGG	1	63					1
		84 City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, FI	lorida Statutes, the ab	ove-named	corporation c	ubmite this statement for	he nurnose of	changing it	s registered
		JOVG-Hallica	corporation a	dutilis ilis statement for	TIE PUI POSO OI		ogistored
office or registered agent of both in the State of Florida, SUCD on	iande was authonzeu	by the corb	oration's boar	d of directors. I hereby ac	cept the appo	intment as r	egistered
office or registered agent, or both, in the State of Florida. Such ch agent. I am familiar with, and accept the obligations of, Section 60 SIGNATURE	ange was authonzed 07.0505, Florida Statu	ites.	oralion's boar	u or directors. Thereby ac	cept the appo	intment as r	egistered
office or registered agent, or both, in the State of Flonda. Such chagent. I am familiar with, and accept the obligations of, Section 60 SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	or (NOTE: Registered	ites.	required when rein:	stating)	DATE		
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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 superimental 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 comparation or the ecciver 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 or an attachment with an address with all other life empowered.

SIGNATURE: