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Apr 19, 1999 8:00 am  
Secretary of State

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91176

1. Corporation Name

GLENDAL SQUARE, INC.

Principal Place of Business

2810 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308-7700

Mailing Address

2810 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308-7700

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

59-2844757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHITAKER, EDWIN T III  
2810 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE: P  
NAME: HARRISON, GEORGE H III  
STREET ADDRESS: 2810 CAPITAL CIRCLE NE  
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: S ☐ DELETE

NAME: HARRIS, FRED  
STREET ADDRESS: 2810 CAPITAL CIRCLE NE  
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: T ☐ DELETE

NAME: WHITAKER, EDWIN T III  
STREET ADDRESS: 2810 CAPITAL CIRCLE NE  
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWIN T. Whitaker 4/12/99 850-385  
175

CR2F034 (11/98)