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FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19015 (2)
1. Corporation Name
G.L.P., INC.

Principal Place of Business

10525 SW 139 CT
MIAMI FL 33133
US

Mailing Address

10525 SW 139 CT
MIAMI FL 33133
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1988

4. FEI Number

65-0039701

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 111 HONORSUCKLE LANE
Suite, Apt. #, etc.

22 City & State

23 LAKE PLACID FL

24 33852

25 USA

2a. Mailing Address

26 111 HONORSUCKLE LANE
Suite, Apt. #, etc.

27 City & State

28 LAKE PLACID FL

29 33852

30 USA

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR
7TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name ANN LOWMAN
82 Street Address (P.O. Box Number is Not Acceptable)
111 HONORSUCKLE LANE
83 1
84 City LAKE PLACID FL 85 Zip Code 33852

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 *Ann Lowman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/98

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE
NAME GUILFOYLE, MICHAEL
STREET ADDRESS 10525 SW 139 COURT
CITY-ST-ZIP MIAMI FL

TITLE DVP ☒ DELETE
NAME LOWMAN, ANN
STREET ADDRESS 10525 SW 139 COURT
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE
NAME POWELL, MYRTLE
STREET ADDRESS 10525 SW 139 COURT
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE
NAME LOWMAN, JOEL
STREET ADDRESS 10525 SW 139 COURT
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE
NAME GUILFOYLE, MARY JANE
STREET ADDRESS 10525 SW 139 COURT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☐ Change ☒ Addition
1.2 NAME ANN LOWMAN
1.3 STREET ADDRESS 111 HONORSUCKLE LANE
1.4 CITY-ST-ZIP LAKE PLACID FL

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.

SIGNATURE: *Ann Lowman*

4-25-98 941-699-4222

CR2E034 (10/97)