FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K96196 (6)

1. Corporation Name
LIL GLEN, INC.

Principal Place of Business
C/O GLEN BLACK
22 N. CAUSEWAY DR.
FORT PIERCE FL 34946

Mailing Address
P.O. BOX 3604
FT. PIERCE FL 34948
US

3. Date Incorporated or Qualified: 06/19/1989
3a. Date of Last Report: 02/06/1995
4. FEI Number: 65-0127568 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
BLACK, GLEN
7605 KENWOOD RD
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 22 N CAUSEWAY DR
83
84 City FT PIERCE FL 85 Zip Code 34946

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date signed — NOTE: Registered Agent signature required when applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BLACK, GLEN J.	
STREET ADDRESS	7605 KENWOOD RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DVP	☒ DELETE
NAME	NEWTON, ROGER	
STREET ADDRESS	710 SCALLOP DR	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	DS	☐ DELETE
NAME	HEGEDUS, CATHY M.	
STREET ADDRESS	1655 COPENHAVER ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
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

1.1 TITLE		☐ Change ☐ Addition
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	DIS IT	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	TAMMY CASSON	
4.3 STREET ADDRESS	22 N. CAUSEWAY DR.	
4.4 CITY-ST-ZIP	FT. PIERCE, FL.	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	BRENDA MACON	
5.3 STREET ADDRESS	22 N. CAUSEWAY DR.	
5.4 CITY-ST-ZIP	FT. PIERCE, FL.	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Cathy Hegedus CATHY HEGEDUS 4/18/96 (407) 464-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)