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 # L84309 (8)

1. Corporation Name

GLENN ACOMB ASSOCIATES, INC.

Principal Place of Business

~~823 IRMA AVENUE~~
~~ORLANDO FL 32803~~

Mailing Address

~~823 IRMA AVENUE~~
~~ORLANDO FL 32803~~

2. Principal Place of Business: 21 2404 LAFAYETTE AVE.	2a. Mailing Address: 26 2404 LAFAYETTE AVE.
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32789 Country 25 ORANGE	Zip 29 32789 Country 30 ORANGE

3. Date Incorporated or Qualified: 06/29/1990

3a. Date of Last Report: 06/14/1995

4. FEI Number: 59-3017486 ☐ 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

9. Name and Address of Current Registered Agent

ACOMB, GLENN
823 IRMA AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name ACOMB, GLENN
82 Street Address (P.O. Box Number is Not Acceptable) 2404 LAFAYETTE AVE.
83
84 City WINTER PARK FL 85 Zip Code 32789

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] 5/1/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☒ Change ☐ Addition
NAME	ACOMB, GLENN		1 2 NAME	
STREET ADDRESS	~~2122 THUNDERBIRD TRAIL~~		1 3 STREET ADDRESS	2404 LAFAYETTE AVE.
CITY-ST-ZIP	~~MAITLAND FL~~		1 4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			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: [signature] GLENN A. ACOMB 5/1/96 (407)644-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)