

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M20388 (8)
1. Corporation Name
GLORY ELECTRIC, INC.



Principal Place of Business
C/O ANTHONY MOLARES
19601 W. SYCAMORE DRIVE, P.O. BOX 858
LOXAHATCHEE FL 33470

Mailing Address
C/O ANTHONY MOLARES
19601 W. SYCAMORE DRIVE, P.O. BOX 858
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 19601 W Sycamore Dr
Suite, Apt. #, etc.
22
City & State
23 Loxahatchee FL
Zip
24 33470
Country
25 USA

2a. Mailing Address
26 PO Box 858
Suite, Apt. #, etc.
27
City & State
28 Loxahatchee FL
Zip
29 33470
Country
30 USA

3. Date Incorporated or Qualified
09/09/1985

4. FEI Number
59-2594112
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

9. Name and Address of Current Registered Agent
MOLARES, ANTHONY
19601 W. SYCAMORE DRIVE
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Anthony Molares* *AW Molares* *President* *2/20/98*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDS	MOLARES, ANTHONY	19601 W. SYCAMORE DR.	LOXAHATCHEE FL	<input type="checkbox"/>
T	MOLARES, ANTHONY	19601 W. SYCAMORE DR.	LOXAHATCHEE FL	<input type="checkbox"/>
Secretary	RUTH ANN MOLARES	19601 W SYCAMORE DR	LOXAHATCHEE FL 33470	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 *Anthony Molares* *AW Molares* *President*

CR2E034 (10/97)