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May 13 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M65274 (6)

1. Corporation Name
GLOWACKI FAMILY ENTERPRISES, INC.

Principal Place of Business
% OKEECHOBEE ASPHALT
503 NW 9TH ST/P O BOX 2128
OKEECHOBEE, FL 34972-2123

Mailing Address
% OKEECHOBEE ASPHALT
503 NW 9TH ST/P O BOX 2128
OKEECHOBEE, FL 34972-2123



2. Principal Place of Business

21 Okeechobee Asphalt + Concrete
Suite, Apt. #, etc.

22 503 NW 9th St

23 Okeechobee FL

24 34972 25 Okeechobee

2a. Mailing Address

26 PO Box 2128
Suite, Apt. #, etc.

27

28 Okeechobee FL

29 34973 30 Okeechobee

3. Date Incorporated or Qualified
01/20/1988

3a. Date of Last Report
02/14/1996

4. FEI Number
04-2993680

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

10. Name and Address of New Registered Agent

GEDDES, LORI
3420 SW 22ND ST
OKEECHOBEE FL 34974

81 Name Pam Story

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

Pam Story

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
GLOWACKI, WALTER J.
STREET ADDRESS OLD SOUTH ROAD
CITY-ST-ZIP NANTUCKET MA

TITLE ☐ DELETE

NAME D
GLOWACKI, KIM
STREET ADDRESS OLD SOUTH ROAD
CITY-ST-ZIP NANTUCKET MA

TITLE ☐ DELETE

NAME TVS
GLOWACKI, KIM
STREET ADDRESS 503 NW 9TH ST
CITY-ST-ZIP OKEECHOBEE 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 Same

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Same

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Same

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 do 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

SIGNATURE

CR2E034 (9/96)