

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90028 016 ***158.75

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DOCUMENT # M65274

1. Corporation Name

GLOWACKI FAMILY ENTERPRISES, INC.



Principal Place of Business

503 NW 9TH ST
503 NW 9TH ST
OKEECHOBEE FL 34973
US

Mailing Address

PO BOX 2128
OKEECHOBEE FL 34973
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1988

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21 Okeechobee Asphalt & Concrete

Suite, Apt. #, etc.

22 503 N.W. 9th Street

City & State

23 Okeechobee, Florida

City & State

24 34972

Country

25 U.S.A.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRONG, PAM
3420 SW 22ND ST
OKEECHOBEE FL 34974

81 Name

Frances J. Caughey

82 Street Address (P.O. Box Number is Not Acceptable)

3245 S.E. 36th Avenue

83

84 City

Okeechobee,

FL

85 Zip Code

34974

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

Frances J. Caughey
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
Glowacki, Kim
Old South Road
Nantucket, Mass.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

941-763-7373

Date

Daytime Phone #

CR2E034 (11/98)