

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M69235 (3)**  
1. Corporation Name  
**GLEN ESTE CORPORATION**



Principal Place of Business: **C/O RALPH C. SARGENT 1300 U.S. 27 NORTH HAINES CITY FL 33844**  
Mailing Address: **C/O RALPH C. SARGENT 1300 U.S. 27 NORTH HAINES CITY FL 33844**

3. Date Incorporated or Qualified: **02/17/1988**  
3a. Date of Last Report: **08/10/1995**

21. Principal Place of Business <b>1300 U.S. 27 N.</b>	2a. Mailing Address <b>SAMP ←</b>	4. FEI Number <b>59-2893180</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State <b>Haines City, FL</b>	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip <b>33844</b>	25. Country <b>Polk</b>	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**SARGENT, RALPH C.  
616 PENINSULA DR.  
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent  
81. Name: **John S. Reinecke**  
82. Street Address (P.O. Box Number is Not Acceptable): **1300 U.S. 27 N.**  
83. City: **Haines City** FL 85. Zip Code: **33844**

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, to 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: *John S. Reinecke* **John S. Reinecke V.P. 1-22-96**  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SARGENT, RALPH C.</b>		1.2 NAME	
STREET ADDRESS: <b>616 PENINSULAR DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAINES CITY FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SARGENT, FLORENCE C.</b>		2.2 NAME	
STREET ADDRESS: <b>616 PENINSULAR DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAINES CITY FL</b>		2.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WEDDINGTON, SAM</b>		3.2 NAME	
STREET ADDRESS: <b>57 B MOORE RD.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAINES CITY FL</b>		3.4 CITY-ST-ZIP	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WEDDINGTON, TERRY ANNE</b>		4.2 NAME	
STREET ADDRESS: <b>57 B MOORE RD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAINES CITY FL</b>		4.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REINEKE, JOHN SARGENT</b>		5.2 NAME	
STREET ADDRESS: <b>1302 U S 27 NORTH</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>HAINES CITY FL</b>		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John S. Reinecke* **John S. Reinecke V.P. 1-22-96 421-1286**  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (12/95)