

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

2. Principal Place of Business

2a. Mailing Address

21 1300 U.S. 27 N.

26 Samp ←

4. FEI Number
59-2893180

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33844

25 Polk

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARGENT, RALPH C.
616 PENINSULA DR.
HAINES CITY FL 33844

81 Name John S. Reinecke

82 Street Address (P.O. Box Number is Not Acceptable)
1300 U.S. 27 N.

83

84 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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

John S. Reinecke

John S. Reinecke

V.P. 1-22-96

Signature of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SARGENT, RALPH C.	616 PENINSULAR DR.	HAINES CITY FL	<input type="checkbox"/>
V	SARGENT, FLORENCE C.	616 PENINSULAR DR.	HAINES CITY FL	<input type="checkbox"/>
V	WEDDINGTON, SAM	57 B MOORE RD.	HAINES CITY FL	<input type="checkbox"/>
ST	WEDDINGTON, TERRY ANNE	57 B MOORE RD.	HAINES CITY FL	<input type="checkbox"/>
V	REINEKE, JOHN SARGENT	1302 U S 27 NORTH	HAINES CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

(941) 421-1286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)