

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M69235** (3)  
1. Corporation Name  
**GLEN ESTE CORPORATION**



Principal Place of Business <b>1300 US 27 NORTH HAINES CITY FL 33844 US</b>	Mailing Address <b>616 PENINSULAR DR HAINES CITY FL 33844 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/17/1988</b>	
				4. FEI Number <b>59-2893180</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REINEKE, JOHN S.  
1300 US 27 NORTH  
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name	<b>Reineke, John S.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1302 U.S. 27 N.</b>
83	
84 City	<b>Haines City</b>
85 Zip Code	<b>FL 33844</b>

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 *John S. Reineke*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/21/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SARGENT, RALPH C.</b>			1.2 NAME	<b>Terry Anne Weddington</b>		
STREET ADDRESS	<b>616 PENINSULAR DR.</b>			1.3 STREET ADDRESS	<b>57 B. Moore Rd</b>		
CITY-ST-ZIP	<b>HAINES CITY FL</b>			1.4 CITY-ST-ZIP	<b>Haines City, FL 33844</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>Sec./Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SARGENT, FLORENCE C.</b>			2.2 NAME	<b>John Reineke</b>		
STREET ADDRESS	<b>616 PENINSULAR DR.</b>			2.3 STREET ADDRESS	<b>1302 U.S. Hwy 27 N.</b>		
CITY-ST-ZIP	<b>HAINES CITY FL</b>			2.4 CITY-ST-ZIP	<b>Haines City, FL 33844</b>		
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 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: *John S. Reineke* **7/21/98** (PH) 471-2212

CR2E034 (5/98)