

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90238 004 ***150.00

DOCUMENT # M69235

1. Corporation Name
GLEN ESTE CORPORATION

Principal Place of Business

1300 US 27 NORTH
HAINES CITY FL 33844
US

Mailing Address

616 PENINSULAR DR
HAINES CITY FL 33844
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1988

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

REINEKE, JOHN S.
1302 U.S. 27 NORTH
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

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

465 Horseshoe Ln

83

84 City Winter Haven

FL

85 Zip Code 33881

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEDDINGTON, TERRY A	
STREET ADDRESS	57 B. MOORE RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REINEKE, JOHN	
STREET ADDRESS	1302 US HWY 27 N.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEDDINGTON, SAM	
STREET ADDRESS	57 B MOORE RD.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WEDDINGTON, TERRY ANNE	
STREET ADDRESS	57 B MOORE RD.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REINEKE, JOHN SARGENT	
STREET ADDRESS	1302 U S 27 NORTH	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE:

John S. Reineke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Reineke

4/12/99

Date

941 293-6502

Daytime Phone #

CR2E034 (11/98)

0436231