

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32721 (3)
 1. Corporation Name
CENTRAL GLASGOW CORPORATION



Principal Place of Business 4255 HWY AIA S UNIT 11 ST. AUGUSTINE FL 32084 US	Mailing Address 1093 HWY AIA BCH BLVD S379 ST. AUGUSTINE FL 32084 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4255 Hwy. AIA S. Suite, Apt. #, etc. 22 Unit # 12 City & State 23 St. Augustine, FL Zip 24 32084 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/01/1991	
		4. FEI Number 61-0609682		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SORENSEN, ROBERT C. 4255 HWY AIA S UNIT 11 ST. AUGUSTINE FL 32084		10. Name and Address of New Registered Agent 81 Name Sorensen, Robert C. 82 Street Address (P.O. Box Number is Not Acceptable) 73 Seascape Circle 83 84 City St. Augustine FL 85 Zip Code 32084	
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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]* DATE 4/28/98
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, ROBERT C.	1.2 NAME	
STREET ADDRESS	1093 HWY AIA BCH BLVD, S379	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, SANDRA F.	2.2 NAME	Sorensen, Sandra F.
STREET ADDRESS	3689 HWY. A1A SO., #379	2.3 STREET ADDRESS	1093 Hwy. A1A Beach Blvd, Ste. # 379
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORABTREE, DONALD R.	3.2 NAME	
STREET ADDRESS	132 ANGELA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLASGOW KY	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE *[Signature]* DATE 4/28/98

CR2E034 (10/97)