

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90028 023 ***150.00

0565619

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P32721

1. Corporation Name
CENTRAL GLASGOW CORPORATION

Principal Place of Business

**4255 HWY AIA S
UNIT #12
ST. AUGUSTINE FL 32084
US**

Mailing Address

**1093 HWY AIA BCH BLVD
S379
ST. AUGUSTINE FL 32084
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1991

4. FEI Number

61-0609682

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 **25** Country

2a. Mailing Address

26 1093 Hwy. A1A Beach Blvd.

Suite, Apt. #, etc.

27 Suite #379

City & State

28 St. Augustine, FL

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**SORENSEN, ROBERT C.
73 SEASCAPE CIRCLE
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 Seascap Circle

83

84 City

St. Augustine

FL

85 Zip Code

32084

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

Robert Sorensen, President
Signature, typed or printed name of registered agent and title if applicable

Robert Sorensen, President

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **SORENSEN, ROBERT C.**
STREET ADDRESS **1093 HWY AIA BCH BLVD, S379**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **VSD** ☐ DELETE
NAME **SORENSEN, SANDRA F.**
STREET ADDRESS **1093 HWY AIA BEACH BLVD, SUITE #379**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **TD** ☐ DELETE
NAME **CRABTREE, DONALD R.**
STREET ADDRESS **132 ANGELA COURT**
CITY-ST-ZIP **GLASGOW KY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCD** ☒ Change ☐ Addition
1.2 NAME **Sorensen, Robert C.**
1.3 STREET ADDRESS **1093 Hwy. A1A Beach Blvd., Suite #379**
1.4 CITY-ST-ZIP **St. Augustine, FL 32084**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert Sorensen, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99

904-471-9932

CR2E034 (11/98)