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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P9300000088 (3)

GLAZE ASSOCIATES, INC.

appears in Block 12 or Block 13 if ch

SIGNATURE:

Mailing Address Principal Place of Business 1334 TIMBERLANE ROAD 1334 TIMBERLANE ROAD TALLAHASSEE FL 32312-1764 TALLAHASSEE FL 32312 3a. Date of Last Report 3. Date Incorporated or Qualified US US 01/04/1993 04/24/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principa: Place of Business 59-3157517 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes 🔀 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GLAZE, RICHARD S 1334 TIMBERLANE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 9 83 TALLAHASSEE FL 32312 Zip Code 84 City of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and accept the obligations. Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registereo agen agent. I am familiar with, SIGNATURE (NOTE: Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ DELETE Change Addition 11 TITLE 101.6 GLAZE, RICHARD S CR2E034 12 NAME 1334 TIMBERLANE RD #9 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY ST ZIP Change Addition DELETE 2.1 TITLE DS भाग GLAZE, LINDA 2.2 NAME NAM: 1334 TIMBERLANE ROAD #9 2.3 STREET ADDRESS STREET ADDRESS TALLLAHASSEE FL 2. 4 CITY-\$1-2IP CITY ST. ZIP Change Addition DELETE 3.1 TITLE 11111 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCORESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE ___ Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-\$1, 20 Change Addition DELETE 51 TITLE NAME 5.2 NAME STREET ACIDRESS 5.3 STREET ADDRESS 54 DITY-ST-ZIP Change Addition DELETE 61 TITLE 1000 NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. To 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 jupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name