

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015841 (8)

1. Corporation Name

GLO-MAC CONSTRUCTION ENTERPRISE, INC.

Principal Place of Business

**504 CALHOUN
SEFFNER FL 33584-3615**

Mailing Address

**504 CALHOUN
SEFFNER FL 33584-3615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
08/08/1994

4. FEI Number
59-3163575

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLOVER, LAWRENCE A
504 CALHOUN
SEFFNER FL 33584-3615**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a resident of Florida, the signature of the corporation's president or chief executive officer must be provided.)

Signature of New Registered Agent (If New Registered Agent is not a resident of Florida, the signature of the corporation's president or chief executive officer must be provided.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST
NAME	GLOVER, LAWRENCE A.
STREET ADDRESS	504 CALHOUN AVE.
CITY, ST, ZIP	SEFFNER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the exemption provided in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee responsible for executing this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence A. Glover **Lawrence A. Glover**

April 28, 1995 813 681-7140

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number