FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000044224 (2)**

1. Corporation Name

GLENCREST PROPERTIES, INC.

Principal Place of Business	Mailing Address
106 COMMERCE ST. SUITE 101 LAKE MARY FL 32746	106 COMMERCE ST. SUITE 101 LAKE MARY FL 32746

3. Date Incorporated or Qualified: **06/21/1993**

3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: P.O. Box 952913	Suite, Apt. #, etc. 27: P.O. Box 952913
City & State 23: Lake Mary Fl	City & State 28: Lake Mary Fl
Zip 24: 32795 Country 25: Seminole	Zip 29: 32795 Country 30: Seminole

4. FEI Number: **59-3192857** ☐ 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

9. Name and Address of Current Registered Agent

PALOMBI, LAWRENCE M
386 WINSFORD CT
HEATHROW
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83 P.O. Box 952913

84 City Lake Mary FL 85 Zip Code 32795

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature required when filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PALOMBI, LAWRENCE M		1.2 NAME		
STREET ADDRESS	106 COMMERCE ST., #101		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PALOMBI, MARY T		2.2 NAME		
STREET ADDRESS	386 WINSFORD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PALOMBI, MICHAEL L		3.2 NAME		
STREET ADDRESS	386 WINSFORD CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, LAURA P		4.2 NAME		
STREET ADDRESS	386 WINSFORD CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRADDOCK, ANNE P		5.2 NAME		
STREET ADDRESS	386 WINSFORD CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PALOMBI, GREGORY J		6.2 NAME		
STREET ADDRESS	386 WINSFORD CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lawrence Palombi 4/29/96 407 330-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #