

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068793 (7)

1. Corporation Name

DAN & GLENDA, INC.

Principal Place of Business

HIGHWAY 47 NORTH
FT. WHITE FL 32038

Mailing Address

PO BOX 427
FT. WHITE FL 32038



3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

07/03/1995

4. FEI Number

59-3214519

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERLONG, MICHAEL
HERLONG HARDWARE
HIGHWAY 47 NORTH
FT. WHITE FL

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, Such change was authorized by the board of directors of the corporation, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

HERLONG, GLENDA T

STREET ADDRESS

PO BOX 427 N/A

CITY-ST-ZIP

FT. WHITE FL 32038

TITLE

D

☐ DELETE

NAME

HERLONG, E D

STREET ADDRESS

PO BOX 427 N/A

CITY-ST-ZIP

FT. WHITE FL 32038

TITLE

☐ DELETE

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CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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)(k), 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:

Kevin Herlong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96

Date

334-2979

Daytime Phone #

CR2E034 (12/95)