

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011380 (0)

1. Corporation Name

GLENN'S LOCK & KEY INC

Principal Place of Business

717 N KENTUCKY AVE
LAKELAND FL 33801
US

Mailing Address

630 N INGRAHAM AVE
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

59-3224475

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 630 N. Ingraham	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Lakeland, FL	28 City & State
24 Zip 33801	25 Country FL
29	30

2a. Mailing Address	26
27 Suite, Apt. #, etc.	28 City & State
29 Zip	30 Country

9. Name and Address of Current Registered Agent

GLENN, ROBERT L SR
702 N MASS AVE
LAKELAND FL

10. Name and Address of New Registered Agent

81 Name

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

630 N. Ingraham Ave

83

84 City

Lakeland

FL

85 Zip Code

33801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLENN, ROBERT L. S	
STREET ADDRESS	6517 GLEN MEADOW DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLENN, DANIEL E.	
STREET ADDRESS	6517 GLEN MEADOW DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLENN, DOUGLAS L.	
STREET ADDRESS	6517 GLEN MEADOW DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GLENN, SHARON LYNN	
STREET ADDRESS	6517 GLEN MEADOW DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 by any attachment with this address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-98

941-683-5625

CP2E034 (1097)