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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011380

GLENN'S LOCK & KEY INC

	· · · · · · · · · · · · · · · · · · ·	***							
Principal Place	e of Business	Mailing Address							
630 N INGRAHA		630 N INGRAHAM AVE				·			
LAKELAND FL 33801 LAKELAND FL 33801 US						DO NOT WRITE IN THIS	SPACE		
05						3. Date Incorporated or Qualifed			
						02/03/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	App	olied For	
21		26				59-3224475	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			, etc.			5. Certificate of Status Desired	\$8.75 A		_
22 =	The second secon	27				In Indiana. Status Desired	Fee Re	quired	
City & State		City & State				6. Election Campaign Financing	\$5.00	7 1	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	itry		8. This corporation owes the current year Int		□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Current	Registered Agent		81 Nam		To. Name and Address of New Registered	Agent		
GLE	NN. ROBERT L SR			·					
	N INGRAHAM AVE			82 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33801				83			<u> </u>		
241									
				84 City		FL	85 Zip C	Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	it Florida. Such change was a	utnonzeo	by the col	d corpo poration	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its ntment as reg	registered gistered	
SIGNATURE									
	Stanature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signatur	e required	when reinstating) DATE			5
12.	Signature, typed or printed name of registered agent	, , , , , , , , , , , , , , , , , , ,	Registered	Agent signatur	beriuper e	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	á
12.		, , , , , , , , , , , , , , , , , , ,			e required		D DIRECTO	RS IN 12	/44/00)
	OFFICERS ANI	DIRECTORS	13.	LE	e required				34 (44/00)
TITLE .	P GLENN, ROBERT L. S	DIRECTORS	13. 1.1 TIT 1.2 NA	LE	T				E03/ /11/00/
TITLE . NAME STREET ADDRESS	P GLENN, ROBERT L. S 6517 GLEN MEADOW DR.	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME	T				025027 /11/00/
TITLE .	P GLENN, ROBERT L. S	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME REET ADORES Y-ST-ZIP	T				CD2E024 (44/09)
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	P GLENN, ROBERT L. S 6517 GLEN MEADOW DR. LAKELAND FL VP	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CF	LE ME REET ADORES Y-ST-ZIP LE	T		Change	Addition	CD2E034 /11/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GLENN, ROBERT L. S 6517 GLEN MEADOW DR. LAKELAND FL VP GLENN, DANIEL E.	D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	LE ME REET ADORES Y-ST-ZIP LE	s		Change	Addition	CD2E034 /11/08/
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENN, ROBERT L. S 6517 GLEN MEADOW DR. LAKELAND FL VP GLENN, DANIEL E. 6517 GLEN MEADOW DR. LAKELAND FL VP GLENN, DOUGLAS L. 6517 GLEN MEADOW DR. LAKELAND FL ST GLENN, SHARON LYNN 6517 GLEN MEADOW DR.	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI	LE ME KEET ADORES Y-ST-ZIP LE ME KEET ADORES TY-ST-ZIP LE ME	S		Change Change	Addition Addition Addition	(44/08)
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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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90013 044 ***150.00