

**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 # **P94000012554 (9)**

1. Corporation Name

**GLENCO MANAGEMENT CO.**



Principal Place of Business

**400 S FLORIDA AVE  
LAKELAND FL 33801**

Mailing Address

**400 S FLORIDA AVE  
LAKELAND FL 33801**

2. Principal Place of Business

21 **6919 Montreal Dr.**

Suite, Apt. #, etc.

22

City & State  
**Lakeland, FL**

Zip  
**33809**

Country  
**Polk**

2a. Mailing Address

26 **6919 Montreal Dr.**

Suite, Apt. #, etc.

27

City & State  
**Lakeland, FL**

Zip  
**33809**

Country  
**Polk**

3. Date Incorporated or Qualified

**02/11/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3234543**

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

**OLELS, GLENN  
400 S FLORIDA AVE  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name **OLELS, GLENN**

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

**6919 Montreal Dr.**

83 **Lakeland, FL**

84 City

**FL**

85 Zip Code

**33809**

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]* **R. GLENN OLELS PRES**

(NOTE: Registered Agent signature is required when requested.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D OLELS, GLENN**  
STREET ADDRESS **6919 MONTREAL DR.**  
CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/96**  
Date

**859-7300**  
Daytime Phone #

CR2E034 (12/95)