

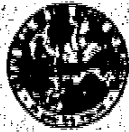
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

95 JUL 10 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000059445 (4)

1. Corporation Name

SHELLY GLENN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1503 MEADOW LARK STREET
LONGWOOD FL 32750

1503 MEADOW LARK STREET
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/10/1984

4. FEI Number

Applied For

59-3258193

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

21 307 Hunters Point Trail 307 Hunters Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Longwood, FL

28 Longwood, FL

24 32779

25 Seminole

29 32779

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLENN, SHELLY

1503 MEADOW LARK STREET
LONGWOOD FL 32750

81 Name

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

307 HUNTERS POINT TRAIL

83

84

Longwood

FL

85 Zip Code

32779

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GLENN, SHELLY

STREET ADDRESS

1503 MEADOW LARK STREET
LONGWOOD FL 32750

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