

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)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000092279 (6)

1. Corporation Name

TROY R. GLAVES, INC.

Principal Place of Business
**3108 PINEVIEW DRIVE SUITE B
 HOLIDAY FL 34691**

Mailing Address
**3108 PINEVIEW DRIVE SUITE B
 HOLIDAY FL 34691**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1994** 3a. Date of Last Report

4. FEI Number **59-3282788** 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 § 190.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt #, etc.

26 Suits, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLAVES, TROY R
 3108 PINEVIEW DRIVE SUITE B
 HOLIDAY FL 34691**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent or Principal Officer and Title of Applicant)

(Signature of Registered Agent or Principal Officer and Title of Applicant)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **1. PRESIDENT**
 NAME **TROY R. GLAVES**
 STREET ADDRESS **3108 PINEVIEW DR. SUITE B.**
 CITY, ST, ZIP **HOLIDAY FL 34691 TRB**
 TITLE **SECRETARY**
 NAME **ASHLEY GLAVES**
 STREET ADDRESS **3108 PINEVIEW DR. SUITE B.**
 CITY, ST, ZIP **HOLIDAY FL 34691**
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1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
 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 in an attachment with an address.

SIGNATURE:

TRB
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

6-01-95

813-934-4571