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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90143 005 ***150.00

DOCUMENT #	P94000092279
4 6 0 11	, 0 ,0000000000000000000000000000000000

1. Corporation Name

TROY R. GLAVES, INC.

Mailing Address

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3108 PINEVIEW DRIVE SUITE B 3108 PINEVIEW DRIVE SU HOLIDAY FL 34691 HOLIDAY FL 34691			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 12/19/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-3282788	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	,,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Col	untry	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
GLAVES, TROY R		81 Name				
3108 PINEVIEW DRIVE SUITE B		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
HOLIDAY FL 34691		83 .				
		84 City	F	85 Zip Code		
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes, the	above-named corpo	ration submits this statement for the purpose	of changing its registered		

office or re agent. I a	egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by the corpor ida Statutes.	ation's board of direct	ors. I nereby accept t	ne appointment as reg	jistered
SIGNATURE					DATE	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	Registered Agent signature red		CHANGES TO DEE!	CERS AND DIRECTO	RS IN 12
12.	P DELETE	1.1 TITLE	ADDITIONS	GIRAGEO TO OTT	Change	Addition
TITLE						
NAME	GLAVES, TROY R	1.2 NAME				
STREET ADDRESS	3108 PINEVIEW DRIVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP			□ Channe	□ Addition
TITLE	V DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GLAVES, ASHELL	2.2 NAME			•	
STREET ADDRESS	3108 PINEVIEW DRIVE	2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLIDAY FL 34691	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		34. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		52 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP			<u> </u>	
TITLE	☐ DELETÉ	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND T PRINTED NAME OF SIGNING OFFICER OR DIRECTOR