FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNDAY MORNING
Secretary of State
Tallahassee, Florida

APPROVED
FILED
1995 ... 15

DOCUMENT # **P94000092981 (7)**

1. Corporate Name

GLENN SHEPHERD CORPORATE DIRECT, INC.

Principal Place of Business
407 WEKIVA SPRINGS RD.
SUITE 221
LONGWOOD FL 32779

Mailing Address
407 WEKIVA SPRINGS RD.
SUITE 221
LONGWOOD FL 32779

(DO NOT WRITE IN THIS SPACE)

3. Date the corporation was formed: 12/22/1994

3a. Federal Tax Number: N/A

2. Previous Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22
Suite Apt. # — 27
City & State — 23
City & State — 28
Zip — 24 — 25 — City — 29 — Country — 30

4. FEI Number: 59-3289041
Applied For / Not Applicable

5. Certificate of Status Desired: ☑ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. The corporation has issued, or is obligated to issue, shares under Section [illegible] Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GLENN, JOHN
407 WEKIVA SPRINGS RD.
SUITE 221
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 Section [illegible] Florida Statutes, the undersigned corporation submits the statement of its principal place of business and mailing address, and the name and address of its registered agent for service of process within the State of Florida, and accepts the appointment as registered agent. Each registered agent has agreed to comply with the provisions of Section [illegible] Florida Statutes.

SIGNATURE: John Glenn — 4/18/95

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: SCOTT SHEPHERD
STREET ADDRESS: 1457 BROWN RIDGE LANE
CITY, ST, ZIP: LAWRENCEVILLE, GA 30243

13.

TITLE: VICE PRES
NAME: JOHN GLENN
STREET ADDRESS: 407 WEKIVA SPRINGS RD #213
CITY, ST, ZIP: LONGWOOD, FLA 32779

REMITTED

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter [illegible] Florida Statutes; and that my name appears above, or on an attached addendum, as an officer or director of the corporation.

SIGNATURE: John Glenn — April 18, 1995 (407) 869-9319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003229 FP