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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093415 (5)

GLENN SERVICES, INC.

FILED

Jan 15 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 5123 44TH ST WEST P.O. BOX 7474 **BRADENTON FL 34210** APT, NO. 1804 DO NOT WRITE IN THIS SPACE BRADENTON FL 34210 3. Date Incorporated or Qualified 12/27/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <u> 2422</u> 2422 65-0544210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Ellenton Ellenton Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔽 Yes 🔲 No Country Country Manatee Manate c Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GLENN, KIM J. 6lenn 4550 47TH ST. WEST Street Address (P.O. Box Number is Not Acceptable) 5123 44TH STREET WEST 83 44th **BRADENTON FL 34210** <u>Bradenton</u> 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. e of registered agent and title if app gistered Agent signature req hen reinstating) 12. OFFICERS AND DIRECTORS ADDITION AND DIRECTORS IN 12 13. Change Addition DELETE 1.1 TITLE NAME GLENN, KIM J 1.2 NAME **5123 44TH ST WEST** STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GLENN, HOLLY A 22 NAME NAME **5123 44TH ST WEST** STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CATY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), 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 chapted, or on an attachment with an address.

SIGNATURE