

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90048 010 ***158.75

DOCUMENT # P94000093415

1. Corporation Name
GLENN SERVICES, INC.

Principal Place of Business

2422 10TH ST CT E
APT. NO. 1804
ELLENTON FL 34222
US

Mailing Address

2422 10TH ST CT E
ELLENTON FL 34222
US

← This is
correct

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

65-0544210

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 There is no apt. #
City & State

23

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip 30 Country

9. Name and Address of Current Registered Agent

GLENN, HOLLY A
5123 44TH ST W
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

Holly A. Glenn

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

83

11903 Upper Manatee River Rd.

84

City Bradenton

FL

85

Zip Code 34202

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

Holly A. Glenn

Holly A. Glenn

1-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GLENN, KIM J
STREET ADDRESS 5123 44TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE ST ☐ DELETE

NAME GLENN, HOLLY A
STREET ADDRESS 5123 44TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SAME

☒ Change ☐ Addition

1.2 NAME

SAME

1.3 STREET ADDRESS

11903 Upper Manatee River Rd.

1.4 CITY-ST-ZIP

Bradenton, FL 34202

2.1 TITLE

SAME

☒ Change ☐ Addition

2.2 NAME

SAME

2.3 STREET ADDRESS

11903 Upper Manatee River Rd.

2.4 CITY-ST-ZIP

Bradenton, FL 34202

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Holly A. Glenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 (941) 729-4654

Date

Daytime Phone #

CR2E034 (11/98)