

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000026289 (5)

1. Corporation Name

GLOER AND ASSOCIATES, INC.



Principal Place of Business

924 NE 24TH ST  
OCALA FL 34470

Mailing Address

924 NE 24TH ST  
OCALA FL 34470

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 2526 SW 27th Avenue

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

24 Zip 34474 25 Country

2a. Mailing Address

26 2526 SW 27th Avenue

Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

29 Zip 34474 30 Country

4. FEI Number

59-3305110

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRINEAU, DIANE  
924 NE 24TH ST  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

Barrineau, Diane

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

2526 SW 27th Avenue

83

84 City

Ocala

FL

85 Zip Code

34474

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

Signature, by officer printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

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  
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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 P/T ☒ Change ☐ Addition  
12 NAME Diane Barrineau  
13 STREET ADDRESS 2526 SW 27th Avenue  
14 CITY - ST - ZIP Ocala, FL 34474

2 1 TITLE V/S ☒ Change ☐ Addition  
22 NAME Glen H Preece, Jr  
23 STREET ADDRESS 2526 SW 27th Avenue  
24 CITY - ST - ZIP Ocala, FL 34474

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 on an attachment with an address.

SIGNATURE:

Diane Barrineau, DIANE BARRINEAU

4/23/96

352 873 4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)