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

DOCUMENT # P95000059007

1. Corporation Name

GLEN-BOB, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90124 008 ***150.00



Principal Plac	e of Business	Mailir	ng Address					18181 Biris (811) A	J::: 821() 100: 1881
4925 SW 19 STREET 4925 SW 19 STREET									
GAINESVILLE FL 32608 GAINESVILLE FL 32608							DO NOT WRITE IN 1	THIS SPACE	
							3. Date Incorporated or Qualifed		
							07/27/1995		
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number		Applied For
21	1. June 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	26	~				59-3332214		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22 27							5. Certificate of Status Desires	Fee	Required
City & State			City & State				6. Election Campaign Financing)0 May Be
23		28					Trust Fund Contribution		ed to Fees
—₁ Zip	Country	Zi	·	Country	′		8. This corporation owes the current year		
24	25	29	30)			Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Register	ed Agent	81	Na	me	10. Name and Address of New Registe	rea Agent	
RENI	NETT, BOBBY R			181	ועס	iúie			
4925 SW 19 STREET				82	Str	eet Addre	fress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32608				83	├ —				
Q/All	ALOVIELE I E 05000			83					
	•			84	Cit	у		FL 85 Z	ip Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida.	Such change was auth	orized by	the o	ned corpor corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing ppointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if an	nlicable (NOTE: Re	mistered Age	nt signa	ture required	when reinstating) DAT		
12.	OFFICERS A			13.	nt organ	noro roquitar	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	D		DELETE	1.1 TITLE				Chan	ge Addition
NAME	BENNETT, BOBBY R			1.2 NAME					
STREET ADDRESS	4925 SW 19 STREET			1.3 STREET	T ADDF	ESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			1.4 C/TY+S	T-ZIP	i			
TITLE	D		☐ DELETE	2.1 TITLE				Chang	ge 🗂 Addition
NAME	BENNETT, GLENNA O			2.2 NAME					
STREET ADDRESS	4925 SW 19 STREET			2.3 STREE	TADDE	ESS		•	. [
CITY-ST-ZIP	GAINESVILLE FL 32608			2. 4 СЛУ-5	ST-ZIP				
TITLE	1	· -	☐ DELETE	3.1 TITLE				☐ Chan	ge 🗌 Addition
NAME				3.2 NAME		ł			
STREET ADDRESS				3.3 STREE	T ADDF	RESS			ļ
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE				Chan	ge Addition
NAME				4. 2 NAME)			j
STREET ADDRESS				4.3 STREE	T ADDF	RESS			
CITY-ST-ZIP		 		4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				Chan	ge 🗌 Addition
NAME				5.2 NAME					}
STREET ADDRESS				5.3 STREE		RESS [
CITY-ST-ZIP			<u> </u>	5.4 CITY-S	T-ZIP				A date:
TITLE			C) DELETE	6.1 TITLE				Chang	ge 🗌 Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE		RESS			
CITY-ST-ZIP	t			6.4 CITY-S	T-ZIP				

14. I hereby certify that the information supplied with this filling 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:

NDOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR