FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000090035 (3)**

1. Corporation Name

~~GLENHOME HOLDING CORPORATION~~

GLENHOLME HOLDING CORPORATION

NAME IS O.K. SG

Principal Place of Business	Mailing Address
KINGS COVE ROAD LITTLE TORCH KEY FL 33042	P.O. BOX 420231 SUMMERLAND FL 33042

3. Date Incorporated or Qualified: 11/22/1995

3a. Date of Last Report:

2. Principal Place of Business
21: KINGS COVE RD
22: Suite, Apt. #, etc.
23: City & State: Little Torch Key
24: Zip: 33042
25: Country: MONROE

2a. Mailing Address
26: P.O. Box 420231
27: Suite, Apt. #, etc.
28: City & State: SUMMERLAND
29: Zip: 33042
30: Country: MONROE

4. FEI Number: APPLIED FOR ☒ 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

FITZGERALD, BARBARA C
KINGS COVE ROAD
LITTLE TORCH KEY FL 33042

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 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: Barbara C Fitzgerald BARBARA C. FITZGERALD, SECY-TREAS 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR & PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDWARD W. FITZGERALD, JR		1.2 NAME		
STREET ADDRESS	KINGS COVE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042		1.4 CITY-ST-ZIP		
TITLE	DIRECTOR & SECY-TREAS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA C. FITZGERALD		2.2 NAME		
STREET ADDRESS	KINGS COVE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE TORCH KEY, FL 33042		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	300001808503	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/06/96--01022--025	
TITLE		☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Barbara C. Fitzgerald BARBARA C FITZGERALD 4/29/96 305-872-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #