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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096272 (6)

1. Corporation Name

GLR, INC.

Principal Place of Business

PO BOX 1297
SANFORD FL 32772-1297

Mailing Address

PO BOX 1297
SANFORD FL 32772-1297

2. Principal Place of Business

21 1100 E. First St.

Suite, Apt. #, etc.

22 4

City & State

23 SANFORD FL

Zip

24 32771

Country

25 SEMINOLE

2a. Mailing Address

26 POB 1297

Suite, Apt. #, etc.

27

City & State

28 SANFORD FL

Zip

29 32772-1297

Country

30 SEMINOLE

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

59-3357591

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

NOVELL, N. SCOTT
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name LINDA M. Hollerbach, CEO

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

1432 LANTRY CT.

83

84 City ORLANDO

FL

85

Zip Code 32804

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ROGERS, GARRETT L M.D.
STREET ADDRESS 420 OLD FORT RD.
CITY-ST-ZIP GREENVILLE SC 27834

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE TRES
12 NAME LINDA M. Hollerbach
13 STREET ADDRESS 1432 LANTRY CT
14 CITY-ST-ZIP ORLANDO, FL 32804

2.1 TITLE Secretary
2.2 NAME ELIZABETH C. ROGERS
2.3 STREET ADDRESS 420 OLD FORT Road
2.4 CITY-ST-ZIP GREENVILLE, SC 27834

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)