

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90105 007 ***150.00

DOCUMENT # P95000096272

1. Corporation Name
GLR, INC.



Principal Place of Business

1100 E FIRST ST.
SUITE 2
SANFORD FL 32771
US

Mailing Address

PO BOX 1297
SANFORD FL 32772-1297
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

59-3357591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 1100 East First Street

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 2

Suite, Apt. #, etc.

27

City & State

23 Sanford FL

City & State

28

Zip

24 32771

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HOLLERBACH, LINDA M CEO
1432 LANTRY CT.
SUITE 1200
ORLANDO FL 32804

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

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 ☐ DELETE
NAME ROGERS, GARRETT L MD
STREET ADDRESS 420 OLD FORT RD
CITY-ST-ZIP GREENVILLE SC

TITLE S ☒ DELETE
NAME ROGERS, ELIZABETH C
STREET ADDRESS 420 OLD FORT ROAD
CITY-ST-ZIP GREENVILLE SC 27834

TITLE I ☐ DELETE
NAME HOLLERBACH, LINDA M
STREET ADDRESS 1432 LANTRY CT
CITY-ST-ZIP ORLANDO FL 32804

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Hollerbach, Linda M.
2.3 STREET ADDRESS 1432 Lantry Court
2.4 CITY-ST-ZIP Orlando, FL 32804

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 (407) 322-0223

CR2E034 (1/98)

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