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May 05 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 # P96000013340 (0)

1. Corporation Name

JOHN B. GLOVER AND ASSOCIATES, INC.



Principal Place of Business

1001 S.W. 2ND AVENUE  
SUITE 3261  
BOCA RATON FL 33432

Mailing Address

1001 S.W. 2ND AVENUE  
SUITE 3261  
BOCA RATON FL 33432-7188

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 301 Crawford Blvd.

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 Boca Raton, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 301 Crawford Blvd.

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 Boca Raton, FL

Zip

29 33432

Country

30 USA

4. FEI Number

65-0644616

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLOVER, JOHN B  
1001 S.W. 2ND AVENUE  
SUITE 3261  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Glover, John B.

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

301 Crawford Blvd.

83 Suite

SUITE 100

84 City

Boca Raton

FL

85 Zip Code

33432

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

*John B. Glover*  
Signature, typed or printed name of registered agent and title if applicable.

John B. Glover

President

3/24/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GLOVER, JOHN B  
STREET ADDRESS 1001 S.W. 2ND AVENUE, SUITE 3261  
CITY-ST-ZIP BOCA RATON FL 33432

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  
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 D ☒ Change ☐ Addition  
1.2 NAME Glover, John B.  
1.3 STREET ADDRESS 301 Crawford Blvd., Suite 100  
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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:

*John B. Glover*

John B. Glover

President

3/24/97

561-312-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)