

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 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 # P96000037302 (2)

1. Corporation Name
GLOPJ, INC.

Principal Place of Business
14199 S.W. 45TH CIRCLE
OCALA FL 34473

Mailing Address
14199 S.W. 45TH CIRCLE
OCALA FL 34473-2347



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1996		3a. Date of Last Report	
21 213 HOMEWOOD DRIVE		26 213 HOMEWOOD DR		4. FEI Number 59-3403895		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 SANFORD FL		28 SANFORD FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32773 25		29 32773 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BAILEY, OSIEC
14199 S.W. 45TH CIRCLE
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name
ELBERT OVERMAN
82 Street Address (P.O. Box Number is Not Acceptable)
213 HOMEWOOD DRIVE
83
84 City
SANFORD FL 85 Zip Code
32773

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

Elbert Overman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BAILEY, OSIEC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, OSIEC	1.2 NAME	VIRGINIA L. OVERMAN
STREET ADDRESS	14199 S.W. 45TH CIRCLE	1.3 STREET ADDRESS	213 HOMEWOOD DRIVE
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LYNN GUNTER
STREET ADDRESS		2.3 STREET ADDRESS	213 HOMEWOOD DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ELBERT H. OVERMAN
STREET ADDRESS		3.3 STREET ADDRESS	213 HOMEWOOD DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SANFORD, FL 32773
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Elbert Overman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 388-9332
Date Daytime Phone #

CR2E034 (9/96)