

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90077 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000070253**

1. Corporation Name  
**GLT COMMERCIAL SERVICES, INC.**

Principal Place of Business  
**206 NORTH FLORIDA AVENUE  
LAKELAND FL 33801**

Mailing Address  
**P.O. BOX 3829  
LAKELAND FL 33802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/20/1996**

4. FEI Number

**59-3402086**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2901 W Memorial Blvd**

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 **Lakeland, FL**

Zip Country

24 **33815** 25 **US**

27 City & State

28 City & State

Zip Country

29 30

9. Name and Address of Current Registered Agent

**WISE, BRENDA  
2901 W MEMORIAL BLVD  
1  
LAKELAND FL 33815**

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 **Brenda Wise**

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

**BRENDA WISE**

(NOTE: Registered Agent signature required when reinstating)

**2/17/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WISE, BILL**  
STREET ADDRESS **1632 MEADOWBROOK AVE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ DELETE  
NAME **WISE, BRENDA**  
STREET ADDRESS **1632 MEADOWBROOK AVE**  
CITY-ST-ZIP **LAKELAND FL 33803**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **409 Lake Howard Drive N.W.**  
1.4 CITY-ST-ZIP **Winter Haven, FL. 33880**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **409 LAKE HOWARD DRIVE N.W.**  
2.4 CITY-ST-ZIP **Winter Haven, FL. 33880**

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: **Brenda Wise** **BRENDA WISE** **2/17/99** **941-686-1799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)