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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096398 (8)

GLENCO STORES, II, INC.

Principal Place of Business

Mailing Address

6919 MONTREAL DR LAKELANO FL 33809

6919 MONTREAL DR LAKELAND FL 33810-5372

FILED Mar 04 1997 8:00am Secretary of State



- ··· ··•				i		
				3. Date Incorporated or Qualified	3a. Date of La	st Report
		Table 1		11/21/1996 4. FEI Number		Applied For
2. Principal Place of Business 2e. Mailing Address 21 150 mg/ner Blud 26 150 mg/				59.3410833	<u> </u>	Applied For Not Applicable
21 15 O Suite, Apt	Wallust place	Suite, Apt. #, etc.	the block			75 Additional
22 27				Certificate of Status Desired	-	e Required
City & State City & State				6. Election Campaign Financing	\$ 5.	00 May Be
23 500	of Hill, Florida	28 Spring Hil	11. Florida	Trust Fund Contribution	☐ Add	ded to Fees
Zp		Zip* 🐧 📗	Country	8. This corporation has liability for		er s. 199.032,
24 3Y 60	25 Hernandi	29 34 609	30 Hernands		Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	7	
	S, R. GLENN		81 Name	istina Rosan	ider_	
	MONTREAL DR		82 Street Address (P.O. Box Number is Not Acceptable)			
LAKE	LAND FL 33809		B3	mariner Blud	- 1	
			63			
			84 City	` 11 · 1\		Zip Code
44 0	to the service of Continue 607.0603	and 607 1502 Florida Statute	200 the shows-named co	reporation submits this statement for the s	ouroose of changi	ng its registered
office or r	egistered agent, or both, in the State of	of Florida, Such change was a	uthorized by the corpor	propration submits this statement for the ration's board of directors. I hereby acceptance	ot the appointmen	it as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.	Line Piers ada	~ ~ 10	157
SIGNATURE	Signature: typica or printed name of registioned agen	Teoretic if applicable. (NOTE	Registered Agent signature rec	tina Rosander	DATE	91
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TilleF	Vice President	DELETE	1.1 TITLE		L Cha	nge 🔲 Addition
NAME:	mark Rusund	er	1.2 NAME			
STREET ADDRESS	150mariner 10	ابعد.	1.3 STREET ADDRESS			
CITY-S1-ZIP	Spring Hill Flori	da 34609	1.4 CITY-ST-ZIP			
TITLE	president	☐ DELETE	2.1 TITLE		Cha	nge Addition
NAME	blenn olels	^-	2.2 NAME			
STREET ACCRESS		11.	2.3 STREET ADDRESS	·		
City-St ZiP	Lateland, Flori Decretary Christina Rusc	1.04 33809	2 4 CITY - ST - ZIP		Cha	nge Addition
TITLE	· secretury	☐ DELETE	3.1 TITLE			inge [] Abdition
NAME	Christina Rusc	inder	3 2 NAME			
STREET ADDRESS	150 mariner 1811		3 3 STREET ADDRESS			
CITY ST-ZIP	Spring Hill, Flo	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Cha	nge Addition
1.1LF	0	E Deceie	4.2 NAME			
NAME STOLE LADIDULES			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY ST-ZIF		DELETE	5.1 TITLE		☐ Cha	ange
NAME	1	E-107	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP			5.4 CITY-ST-ZIP			
THE		☐ DELETE	6.1 TITLE		Cha	ange Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
City-Sf-ZiP			6.4 CITY-ST-ZIP		•	
CHT: 31-2ff				11 6 11 140 07/0//0 Ft. 14- Oth A	1.6.11	Ale a A Maria

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 eath; 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 Brock 12 or Block 13 if changed, or on an attachment with an address. Moderate Christina Rusander 21