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

Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra By Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000015694 (7) DOCUMENT # G.L.D.V., INC. Principal Place of Business Mailing Address 568 E NORMANDY BLVD 568 E NORMANDY BLVD DELTONA FL 32725 **DELTONA FL 32725** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 2289291 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVY, NORMA JEAN 568 E. NORMANDY BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **DELTONA FL 32725** В3 84 City Zip Code 11. Pursuant to the provisions of Socious 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punited marke of registered agent and other tapplicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE DAVY, NORMA J CRZE034 1.2 NAME NAME **588 E NORMANDY BLVD** 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** 1 4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 21 TITLE Change VALENTE, SHERWOOD B 22 NAME **568 E NORMANDY BLVD** STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE GLATZ, WILLIAM J 3.2 NAME NAME **568 E NORMANDY BLVD** 3 3 STREFT ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LANDERS, LUCILLE NAME 4. 2 NAME 2766 NEWMARK DRIVE STREET ADDRESS 4.3 STREET ADDRESS **DELTONA FL 32738** 4 4 CHTY - ST-ZIP CITY-ST-ZIP DETELL TITLE 51 TITLE Change ___ Addition NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS

FILED

Change

Addition

SIGNATURE: Vine Gen Dove (PRESIDENT) 2124 198 4625748718

DELFTE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

TITLE

NAME

5.4 CITY-ST-ZIP

64 City-Si-ZiP

14. Thereby 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 suppliemental 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

61 TITLE

6.2 NAME 6.3 STREET ADDRESS