

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90051 020 ***150.00

DOCUMENT # P97000015694

1. Corporation Name
G.L.D.V., INC.



Principal Place of Business

568 E NORMANDY BLVD
DELTONA FL 32725

Mailing Address

568 E NORMANDY BLVD
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

58-2289291

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

9. Name and Address of Current Registered Agent

DAVY, NORMA JEAN
568 E. NORMANDY BLVD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

DAVY, NORMA JEAN

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

2443 WALKERTOWN AVE

83

84 City

DELTONA

FL

85 Zip Code

32725

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVY, NORMA J
STREET ADDRESS 568 E NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725

TITLE VD ☐ DELETE

NAME VALENTE, SHERWOOD B
STREET ADDRESS 568 E NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725

TITLE SD ☐ DELETE

NAME GLATZ, WILLIAM J
STREET ADDRESS 568 E NORMANDY BLVD
CITY-ST-ZIP DELTONA FL 32725

TITLE TD ☐ DELETE

NAME LANDERS, LUCILLE
STREET ADDRESS 2766 NEWMARK DRIVE
CITY-ST-ZIP DELTONA FL 32738

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 PD ☒ Change ☐ Addition

1.2 NAME DAVY, NORMA JEAN
1.3 STREET ADDRESS 2443 WALKERTOWN AVE
1.4 CITY-ST-ZIP DELTONA FL 32725

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME VALENTE, SHERWOOD B
2.3 STREET ADDRESS 2443 WALKERTOWN AVE
2.4 CITY-ST-ZIP DELTONA FL 32725

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME GLATZ, WILLIAM J
3.3 STREET ADDRESS 1888 VIENNA AVE
3.4 CITY-ST-ZIP DELTONA FL 32725

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:

Norma Jean Davy (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 904-532-2644
Date Daytime Phone #

CR2E034 (11/98)

0072157