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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083865 (0)

GARY GLAZEBROOK FRAMING, INC.

Principal Place of Business Mailing Address

**FILED** Jan 23 1998 8:00am Secretary of State



4509 BEE RIDGE ROAD #8 SARASOTA FL 34233		4509 BEE RIDGE ROAD #B SARASOTA FL 34233		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified 09/26/1997		
2. Principal Place of Business 2a. Mailing Ad			Address		4. FEI Number	A	pplied For
21		26		65-0785129	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip 24	Country 25		Country 30	<i>t</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	i Agent	
GLAZEBROOK, GARY			81	Name			-
4509 BEE RIDGE ROAD #B SARASOTA FL 34233			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
			83				
			84		F	L I I '	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							
	Signature, typed or printed name of registered age			ent signature rec	quired when reinstating) DATE		
TILE	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	GLAZEBROOK, GARY	TT OFFEIE	1.1 TITLE			Change	L_ Addition
STREET ADDRESS	-POST-OFFICE BOX 2221 - 301 PAMETO RD.		1,2 NAME 1,3 STREET	ADDRECO	·		
CITY-ST-ZIP	1 may 10 m m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		1,4 CITY-5				
TITLE	TENIOE-TE 04204 POETCO	DELETE	2.1 TITLE	11-211		☐ Change	Addition
NAME		<del></del>	2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2, 4 CITY-	Ì			
TITLE	DELETE 3.			,, <u>.</u> ,		Change	Addition
NAME			3,2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP		3.4. CITY-	ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE	İ		Change	Addition
NAME			4. 2 HAME				1
STREET ADDRESS			4.3 S REET	ADDRESS			
CITY-ST-ZIP			4.4 C 17-S	T-ZIP			
TITLE		☐ DELETE	5.1 Tale			Change	Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		I DELETE	5.4 CITY-S	T-ZIP		Chart	Addition
TITLE		T DETRIE	6.1 TITLE			L Change	Addition:
NAME CYRCOT ADDRESS			6,2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY - S	T - 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.

SIGNATURE: