## U-9-97 B 4267 € FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT \* CORPORATION ANNUAL REPORT

1997

9000 GLENLAKES BLVD BROOKSVILLE FL 34613

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2. Principal Place of Business

Suite Apt. # etc.

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # S01439** 

(6)

**FILED** Apr 09 1997 8:00am Secretary of State

> 3a. Date of Last Report 06/06/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

0480002

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

09/18/1990

59-3034691

4. FEI Number

1.	Corporation Nan-	ic.	00		
	<b>GLENLAKES</b>	REALTY.	INC.		

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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ncipal Place of Business	Mailing Address	t alliand fit estat met brank tone table tone of the diffit allia divides their aluni and
O GLENLAKES BLVD DOKSVILLE FL 34613	9000 Glenlakes Blvd Brooksville Fl 34613-4200	·

23	28			Trust Fund Contribution					
Zφ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29 30	ol	Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent	10. Name and Address of New Registered Agent						
COC	CHI, JAMES V		81 Name	David K. Craighead					
9000	GLENLAKES BLVD		82 Street						
BRO	OKSVILLE FL 34613			Address (P.O. Box Number is Not Acceptable) 9000 Glen Lake B(Blvd.					
	~1		83						
			84 City	85 Zip Code					
				Brooksville FL 34613					
11. Pursuant t	to the provisions of Sections 607,050	02 av 607.1508, Florida Statutes,	the above-named	d corporation submits this statement for the purpose of changing its registered					
agent. Lar	m tan lilar with and accept the obli	ations of, Section 607.0500, Florid	la Statutes.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. Livereby accept the appointment as registered					
SIGNATURE	11 600/	on Man							
				re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12					
12.	OFF REERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12					
TITLE	COCCHI, JAMES V	bettere							
NAME	9000 GLENLAKES BLVD		1.2 NAME	David K. Craighead					
STHEET ADDRESS	BROOKSVILLE FL		1.3 STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,					
CITY - ST - ZIF	U DOUNGVILLE I'L	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Brooksville, FL 34613					
ĺ	FRANKLIN, EDGAR	beter		Change El Adamon					
NAM!	9000 GLENLAKES BLVD	:	2.2 NAME						
STREET ADDRESS	BROOKSVILLE FL		2.3 STREET ADDRESS						
City ST-ZIF	ST	DELETE	2.4 CITY-SY-ZIP 3.1 TITLE	Change Addition					
NAME	CRAIGHEAD, DAVID K		3.2 NAME						
STREET ADDRESS	9000 GLENLAKES BLVD		3.3 STREET ADDRESS						
CITY-ST-ZIF	BROOKSVILLE FL		3.4. CITY-ST-ZIP	ł					
Tifle		DELETE	4.1 TITLE	Change Addition					
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
Dity-St 7IP			4.4 CITY-ST-ZIP						
Title		DELETE	51 TITLE	Change Addition					
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	ì					
CHY-ST-ZiP			54 CITY+SY-ZIP						
THUE	. , , , , , , , , , , , , , , , , , , ,	☐ DELETE	6.1 TITLE	Change Addition					
NAME			6.2 NAME	•					
STREET ADORESS			6.3 STREET ADDRESS						
CHTY-ST-ZIP		ا م	6.4 CITY-ST-ZIP						
14. I do hereb	14. I do hereby certify that the information supplied with this filing does not guelfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this samual reports rule 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 trusted approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name								
Information Lam an of	n inicidated on this annual reportor flicer or director of the corporation of	or the receiver or trustee empower	ed to execute this	report as required by Chapter 607, Florida Statutes; and that my name					