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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S01439

GLENLAKES REALTY, INC.

.

Principal Place of Business

Mailing Address

## FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90021 026 \*\*\*150.00



9000 GLENLAKES BLVD BROOKSVILLE FL 34613		9000 GLENLAKES BLVD BROOKSVILLE FL 34613				DO NOT WRITE IN THIS SPACE				
	•				-	3. Date Incorporated or Qualifed 09/18/1990			,	
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26			•	59-3034691		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee Re	equired	
City & Stat	e	City & State				6. Election Campaign Financing	п	\$5.00	May Be	
23		28				Trust Fund Contribution	⊔ .	Added t		
Zip	Country	Zip	Count	try		8. This corporation owes the curren	nt year Intan	gible		
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer	nt Registered Agent			1.5, 184	10. Name and Address of New Re	gistered Aç	jent		
	. Ods # % Ott		8	31	Name					
	IGHEAD, DAVID K		-	32	Cton at Addis	on /D.O. Boy Number in Not Accordan	la)	<del></del>		
	GLEN LAKES BLVD		°	2	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)			
BRO	OKSVILLE FL 34613		8	33	.,					
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	pagnotore, types a printed hand of godened ago			<b></b>						
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4. 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 impowered 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2E034 (11/98)