FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:53

DOCUMENT # **S22490** **(4)**

1. Corporation Name
GLORIAWOOD, INC.

Principal Place of Business	Mailing Address
5121 EHRLICH RD BLDG 107 #B TAMPA FL 33624	5121 EHRLICH RD BLDG 107 #B TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1990
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21: 1505 B SOUTH McCALL RD
22: Suite, Apt. #, etc.
23: City & State: ENGLEWOOD, FL
24: Zip: 34223 25: Country: US

2a. Mailing Address
26: % WALTER SANDERS
27: 13910 N DALE MABRY SUITE 1
28: City & State: TAMPA, FL
29: Zip: 33618 30: Country: US

4. FEI Number: 65-0239169 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, WALTER
5121 EHRLICH ROAD
BLDG. 107B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 13910 NORTH DALE MABRY HWY
83: SUITE ONE
84 City: TAMPA **FL** 85 Zip Code: 33618

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: Walter Sanders 2/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	MAREK, CHARLES	12 NAME		
STREET ADDRESS	1505B SOUTH MC CALL RD.	13 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD FL	14 CITY ST ZIP	ENGLEWOOD FL 34223	
TITLE	D	21 TITLE	D *Delete?	☒ Change ☐ Addition
NAME	MAREK, THERESA	22 NAME	Marek Theresa	
STREET ADDRESS	1505B SOUTH MC CALL RD.	23 STREET ADDRESS	1505 B S McCall Rd	
CITY ST ZIP	ENGLEWOOD FL	24 CITY ST ZIP	ENGLEWOOD, FL 34223	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Charles Marek 03-01-95 813-474-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0900487 CP