

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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S73572 (7)**  
 1. Corporation Name  
**GLENFIELD INC.**



Principal Place of Business <b>8600 RIDGEWOOD AVENUE                  CAPE CANAVERAL FL 32920</b>	Mailing Address <b>8600 RIDGEWOOD AVENUE                  CAPE CANAVERAL FL 32920-8025</b>
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3. Date Incorporated or Qualified <b>08/15/1991</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business <b>21 801 JENKS AVE</b> Suite, Apt. #, etc. <b>22 SUITE D</b> City & State <b>23 PANAMA CITY FLORIDA</b> Zip Country <b>24 32401 25</b>	2a. Mailing Address <b>26 801 JENKS AVENUE</b> Suite, Apt. #, etc. <b>27 SUITE D</b> City & State <b>28 PANAMA CITY FLORIDA</b> Zip Country <b>29 32401 30</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WAKEFIELD, S. CRAIG**  
**820 W. EMMETT STREET**  
**KISSIMEE FL 34741**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EANES, NANCY</b>
STREET ADDRESS	<b>8600 RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EAMES, GORDON C.</b>
STREET ADDRESS	<b>8600 RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>801 JENKS AVE SUITE D</b>
1.4 CITY-ST-ZIP	<b>PANAMA CITY FLORIDA 32401</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>801 JENKS AVE SUITE D</b>
2.4 CITY-ST-ZIP	<b>PANAMA CITY FLORIDA 32401</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002159776</b>
6.3 STREET ADDRESS	<b>-04/30/97--01015--029</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

14. I do 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 power 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/29/97** DAYTIME PHONE: **904 763 8565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)