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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V42737** **(9)**

1. Corporation Name

GLO & HAROLD'S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2400 N PINE AVE OCALA FL 34475 US	1723 NE 36TH AVE APT #5 OCALA FL 34470 US

3. Date Incorporated or Qualified: **06/11/1992**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-3127554** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 2221 NE 40TH AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 OCALA FLORIDA
Zip 24 / Country 25	Zip 29 34470 / Country 30 MARION

9. Name and Address of Current Registered Agent

BAUER, HAROLD W.
1723 NE 36TH AVE
APT 5
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name: BAUER HAROLD W.
82 Street Address (P.O. Box Number is Not Acceptable): 2221 NE 40TH AVENUE
83
84 City: OCALA FL 85 Zip Code: 34470

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: H. W. BAUER — H W Bauer — 8 Apr 96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, HAROLD W. 1723 NE 36TH AVE #5 OCALA FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, GLORIA A. 1723 NE 36TH AVE #5 OCALA FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D BAUER HAROLD W. 2221 NE 40TH AVE OCALA FL 34470	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D BAUER GLORIA A. 2221 NE 40TH AVE OCALA FL 34470	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: HAROLD W. BAUER — H W Bauer — 8 Apr 96 — (352) 236-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #