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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42737

(9)

GLO & HAROLD'S ENTERPRISES, INC.

FILED
Mar 24 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address				3 (CON BILLIN CITED NON TORON TONION STANDS AND AND THE STAND STANDS AND				
2400 N PINE AVE OCALA FL 34475 US		2221 NE 40TH AVE OCALA FL 34470-3133 US								
••		<u>.</u>	28. Mailing Address 26			3. Date Incorporated or Qualified 3a. Date of Last 06/11/1992 04/11/1996			•	
2. Procepat	Place of Business	2a. Mailing Address				4, FEI Number 59-3127554		<b>1</b> - 1 -	pplied For	
1									lot Applicable	
Suite, Apr	it #, etc	Suite, Apl. #, etc. 27 City & State 28			5. Certificate of Status Desired			Additional tequired		
City & Str	ete				6. Election Campaign Financing	\$5.00		May Be		
3								Added to Fees		
Ζ <sub>Ι</sub> ρ	Country	Zip		ountry		<b>B.</b> This corporation has liability for			s. 199.032,	
4	25	29	30					No		
	9. Name and Address of C	urrent Registered Agent		81	Manag	10. Name and Address of New Re	gistered A	gent		
	uer, harold W.			81	Name					
	21 NE 40TH AVE ALA FL 34470		82 Street Ad		Street Add	lress (P.O. Box Number is Not Acceptat	ole)			
00	TE OTTIO			83						
				84	City		FL	85 Zip	Code	
office or agent 1 SIGNATURE	Lam familiar with, and accept the :	State of Florida, Such change voluments of, Section 607 050	was authoriz 15, Florida St	zeo by tatutes	tne corpora	ation's board of directors. I hereby acce	prime appo	житен а	s registered	
	<ul> <li>Even done there is a proper rate proper</li> </ul>	rest accordance title if sonl cable	INOTE: Registo	ored App	nt signature requ	ired when reinstating)	DATE			
		restage of and title if sophisable.	(NOTE: Registo		nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	
			13		nt signature requ			DIRECTO  Change		
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1. 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 of this receiver or fusite 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 /36/9 362 - 336 - 8878
Date Daytone Phone >