

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 319844

**Entity Name:** GLOVER OIL CO., INC.

**Current Principal Place of Business:**

3109 SOUTH MAIN ST.  
MELBOURNE, FL 32901

**Current Mailing Address:**

P.O. BOX 790  
MELBOURNE, FL 32902

**FEI Number:** 59-1173357

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLOVER, JOSEPH HOWNER  
GLOVER OIL COMPANY, INC  
3109 SOUTH MAIN STREET  
MELBOURNE, FL 32901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title O  
Name GLOVER, JOSEPH H. III  
Address 3109 SOUTH MAIN ST.  
City-State-Zip: MELBOURNE FL 32901

Title TS  
Name GLOVER, JOSEPH H. III  
Address 3109 SOUTH MAIN ST.  
City-State-Zip: MELBOURNE FL 32901

Title P  
Name MARSHALL, TIMOTHY W  
Address 3109 S MAIN ST  
City-State-Zip: MELBOURNE FL 32901

Title VP  
Name MARSHALL, KENNETH H  
Address 3109 S. MAIN ST.  
City-State-Zip: MELBOURNE FL 32901

Title OM  
Name TROESTER, JEAN E  
Address 3109 S. MAIN STREET  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEAN TROESTER

**OFFICE MANAGER**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date