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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F9200000395 (5)

DOCUMENT # 1. Corporation Name GLAWSON INVESTMENTS CORP. Principal Place of Business Mailing Address 1158 OAKCLIFF ROAD 1158 OAKCLIFF ROAD **MACON GA 31211** MACON GA 31211 Date Incorporated or Qualified. 3a. Date of Last Report 11/23/1992 03/28/1995 2. Principal Place of Business 2a. Mailing Address EEL Number Applied For 21 58-2019181 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zıp Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HALEY, WILLIAM J 82 Street Address (P.O. Box Number is Not Acceptable) 10 COLUMBIA STREET 83 LAKE CITY FL FL320-56 84 City Zip Code 85 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 Signature, typed or printed name of regulatored agent and title if applicable (NOTE: Registered Agent signature renormed when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PTCD 1.3 TIME ☐ Change Addition GLAWSON, W C JR. NAME 1.2 NAME 1158 OAKCLIFF ROAD STREET ADDRESS 1.3 SAREET ADDRESS **MACON GA 31211** CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DEFELE 2.11066 **C**hange Addition NAME GLAWSON, DONNA MS. 2.2 NAME Melanie DuBose 424 Plantation Road Gray, GA 31032 1158 OAKCLIFF ROAD STREET ADDRESS 2.3 STREET ADDRESS **MACON GA 31211** CITY - ST - ZIP 24 CITY - ST - ZIP TITLE DELETE 3.1766.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CITY - ST - ZIP TILLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7-P DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 SURFEL ADDRESS CITY-ST-ZIP 5 4 CHY-ST-71P TITLE DELETE Change 6. 1 TrTLE ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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)(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 eath; 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 AND TYPEO OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

3114196 (912)

CR2E034 (12/95)