

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00523654
Filing Number: 2101132785575
Filing Date/Time: 01/13/2021 08:13 AM
Effective Date/Time: 01/13/2021 08:13 AM



1. CORPORATION NAME:
GLAIZE DEVELOPMENTS, INCORPORATED

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
FRED L. GLAIZE, III
112 EAST PICCADILLY STREET
P O BOX 888
WINCHESTER, VA 22604-0888

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
840-WINCHESTER CITY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **02/28/21**

SCC ID NO.: **0052365-4**

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 50,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 112 EAST PICCADILLY ST POB 888	ADDRESS:
CITY/ST/ZIP WINCHESTER, VA 22601-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN P CARR	NAME:
TITLE: President	TITLE:
ADDRESS: 14 SOUTH WASHINGTON ST	ADDRESS:
CITY/ST/ZIP: WINCHESTER, VA 22601-0000	CITY/ST/ZIP:

0005799



I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

John P. Carr, President
PRINTED NAME AND CORPORATE TITLE

1/5/2021
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
GLAIZE DEVELOPMENTS, INCORPORATED

DUE DATE: **02/28/21**
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD S HELM TITLE: Secretary ADDRESS: 311 FAIRMONT AVENUE CITY/ST/ZIP: WINCHESTER, VA 22601-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: PHILIP B. GLAIZE, JR. TITLE: Treasurer ADDRESS: 801 S. WASHINGTON ST. CITY/ST/ZIP: WINCHESTER, VA 22601-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ELIZABETH G. HELM TITLE: ADDRESS: 115 ELDERBERRY DR CITY/ST/ZIP: WINCHESTER, VA 22603-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: FRED L. GLAIZE, III TITLE: ADDRESS: P. O. BOX 888 CITY/ST/ZIP: WINCHESTER, VA 22604-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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