

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Gandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 476818 (0)**

1. Corporation Name

**GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART,  
INC.**

Principal Place of Business

33 E PINE STREET  
ORLANDO FL 32801-2607

Mailing Address

33 E PINE STREET  
ORLANDO FL 32801-2607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/27/1975**

3a. Date of Last Report  
**04/08/1994**

4. FEI Number  
**59-1594244**

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**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

24  
Zip

25  
Country

2a. Mailing Address

26  
Suite, Apt. #, etc.

27  
City & State

28  
Zip

30  
Country

9. Name and Address of Current Registered Agent

**CROWELL, PATRICK C.  
320 N. MAGNOLIA AVE.  
SUITE B-9  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>KERCHER, WILLIAM C. JR.</b>
STREET ADDRESS	<b>247 TIMBERLAND AVENUE</b>
CITY - ST - ZIP	<b>LONGWOOD, FL</b>
TITLE	<b>VSD</b>
NAME	<b>ANGLIN, WILLIAM J., JR.</b>
STREET ADDRESS	<b>350 SENACCA TRAIL</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>
TITLE	<b>VTD</b>
NAME	<b>LOPEZ, SERGIO R.</b>
STREET ADDRESS	<b>629 MARINER WAY</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, F</b>
TITLE	<b>CD</b>
NAME	<b>GLATTING, JACK F.</b>
STREET ADDRESS	<b>105 RED BAY</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>
TITLE	<b>VD</b>
NAME	<b>RINEHART, JOHN F.</b>
STREET ADDRESS	<b>17635 SEIDNER ROAD</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>
TITLE	<b>VD</b>
NAME	<b>JACKSON, TIMOTHY T.</b>
STREET ADDRESS	<b>1397 S RIDGE LAKE CIR</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kulash, Walter m.</b>	
1.3 STREET ADDRESS	<b>834 Town Circle</b>	
1.4 CITY - ST - ZIP	<b>Maitland, FL 32751</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy T. Jackson*  
Timothy T. Jackson

April 18, 1995

407-843-6562