

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 476818 (0)**  
1. Corporation Name  
**GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART, INC.**



Principal Place of Business <b>33 E PINE STREET ORLANDO FL 32801-2607</b>	Mailing Address <b>33 E PINE STREET ORLANDO FL 32801-2607</b>
--	--

3. Date Incorporated or Qualified <b>05/27/1975</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>59-1594244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KERCHER, WILLIAM C. JR.</b>	
STREET ADDRESS	<b>8750 PISA DRIVE, APT #316</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>ANGLIN, WILLIAM J., JR.</b>	
STREET ADDRESS	<b>350 SENACCA TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, SERGIO R.</b>	
STREET ADDRESS	<b>629 MARINER WAY</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, F</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>GLATTING, JACK F.</b>	
STREET ADDRESS	<b>105 RED BAY</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>RINEHART, JOHN F.</b>	
STREET ADDRESS	<b>17835 SEIDNER ROAD</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, TIMOTHY T.</b>	
STREET ADDRESS	<b>1397 S RIDGE LAKE CIR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 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 I am an officer or director of the corporation or an attachment with an address.

SIGNATURE: *Jack F. Glattling* **Glattling** 4/11/97 (407) 843-6552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)