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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90023 009 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 476818

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1975	4. FEI Number 59-1594244	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERCHER, WILLIAM C. JR.	
STREET ADDRESS	712 S. LAKE ADAIR BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANGLIN, WILLIAM J., JR.	
STREET ADDRESS	350 SENACCA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LOPEZ, SERGIO R.	
STREET ADDRESS	629 MARINER WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS, F	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GLATTING, JACK F.	
STREET ADDRESS	105 RED BAY	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RINEHART, JOHN F.	
STREET ADDRESS	17635 SEIDNER ROAD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, TIMOTHY T.	
STREET ADDRESS	1397 S RIDGE LAKE CIR	
CITY-ST-ZIP	LONGWOOD FL	

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

(407) 843-6552

Date Daytime Phone #

CR2034 (1/98)