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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04238

1. Corporation Name

GLEASON CORPORATION

Principal Place of Business Maling Address Principal Place of Resista Methods Principal Place of Business Za. Mesting Address A. Fel Number Applied For 12/04/1984 Ap	GLL (60)										
290 MAE SHORE OR CHELSEA MI 48119-6530 CHELSEA	Principal Place	of Business	Mai	ling Address				7 18811881 711 38111 81111 81111			
CHELSEA MI 4818-6530	•			7299 LAKE SHORE DR						÷	
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Suite, Apt. #, etc.								12/04/1984			
Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a.	Mailing Address				1	1	· · · · · · · · · · · · · · · · · · ·	⊣
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country State Country	21		26					38-2295703			—1:
City & State 23	Suite, Apt.	#, etc.	├ ──	Suite, Apt. #, etc.				5. Certificate of Status Desired	• -		
Zip Country Personal Property Tax. Yes No		<u> </u>		City & State				6. Flection Campaign Financing	\$5.00	May Be	
Zip Country Zip Country Zip Country Representation owes the current year intangible Personal Property Tax. Yes No No Personal Property Tax. Yes No Yes No No Personal Property Tax. Yes No Yes Yes No Yes Yes No Yes Yes No Yes Y	·	5	\vdash	-1.7				1			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent GLEASON, CHARLES C. 4629 RUE BAYOU SANIBEL FL 33957 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 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, 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, 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, or poster cannot registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, or both, in the State of Florida. Statutes, and agent, in the statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, and agent, in the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for t		Country		Zip	Cour	ntry		8. This corporation owes the current year	Intangible		
S. Name and Address of Current Registered Agent GLEASON, CHARLES C. 4629 RUE BAYOU SANIBEL FL 33957 B2 Street Address (P.O. Box Number is Not Acceptable) B3			—	· r	_	-			_	□No	
GLEASON, CHARLES C. 4629 RUE BAYOU SANIBEL FL 33957 B4 City FL 85 Zip Code T1. 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent, and store in the provisions of pro	24				-			10. Name and Address of New Registers	d Agent		
4629 RUE BAYOU SANIBEL FL 33957 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 86 Zip Code 87 City FL 87 Zip Code 88 Zip Code 89 City FL 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 86 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 86 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80		3. Name and Address of Co		<u></u>		81	Name	-			ľ
SANBEL FL 33957 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-manded 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS CITY. ST. ZIP OFLESS AM OBLETE 1.1 TITLE CLEASON, JANET M. 1.2 NAME STREET ADDRESS CITY. ST. ZIP OFLESS AM OBLETE 3.1 TITLE Change Addition Addition DELETE 3.2 NAME STREET ADDRESS CITY. ST. ZIP OFLESS AM OFLES	, GLEA	ASON, CHARLES C.						(D.O. Day Number is Not Assertable)			\dashv
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyperi or printed name of registered agent and vis if applicable (NOTE: Registered Agent algorithms required when reinisating) DATE	4629 RUE BAYOU					82	Street Addr	ess (P.O. Box Number is Not Acceptable)	e a ser calleger	. Atom to take to	.23*
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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. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

DELETE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90005 029 ***150.00

941-472-1047

☐ Addition