


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

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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 002086

1. Corporation Name
GLEASON BROTHERS AND COMPANY



Principal Place of Business GEORGE G. HELLIER P.O. BOX 361546 MELBOURNE FL 32936-1546	Mailing Address GEORGE G. HELLIER P.O. BOX 361546 MELBOURNE FL 32936-1546
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1300 Pinetree Dr. Sk 13		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/27/1899	
Suite, Apt. #, etc. 22 INDIAN HARBOUR BEACH FL		Suite, Apt. #, etc. 27		4. FEI Number 59-6058473	
City & State 23 32937 USA		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KRASNY, MIKE 304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE FL 32901				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAIN, MARGARET O	1.2 NAME	MARY NEIL GLEASON TRAVIS
STREET ADDRESS	5980 CLUB HOUSE DR	1.3 STREET ADDRESS	2815 S. ATLANTIC AVE # 603
CITY-ST-ZIP	VERO BEACH FL 32967	1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELLIER, GEORGE G.	2.2 NAME	
STREET ADDRESS	420 CAMELIA TR	2.3 STREET ADDRESS	ZIP = 32086
CITY-ST-ZIP	ST AUGUSTINE, FL 3	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'MALLEY, CATHERINE G	3.2 NAME	
STREET ADDRESS	6713 GILLEN ST	3.3 STREET ADDRESS	ZIP = 70002
CITY-ST-ZIP	METARIE LA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEASON, NELL	4.2 NAME	
STREET ADDRESS	270 POINCIANA DR.	4.3 STREET ADDRESS	ZIP = 32937
CITY-ST-ZIP	IND. HARBOUR BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Mary Nell Gleason Travis (MARY NEIL G. TRAVIS) 1/13/99 407-788-2194

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)