

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 234868 (8)

1. Corporation Name  
GLADES COUNTY ABSTRACT CO.



Principal Place of Business  
BOX 69 ANNE GRAM COUSE  
1ST ST & AVE J  
MOORE HAVEN FL 33471

Mailing Address  
BOX 69 ANNE GRAM COUSE  
1ST ST & AVE J  
MOORE HAVEN FL 33471

3. Date Incorporated or Qualified 03/28/1960 3a. Date of Last Report 04/14/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0698343 Applied For Not Applicable	5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

COUSE, ANNE GRAM  
NO 11 AVE J  
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name COUSE, Joanne M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
5801 Jeffery Lane  
83 Ft Myers  
84 City FL 85 Zip Code 33907

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 *Joanne M. Couse*  
Signature of registered agent or printed name of registered agent and title if applicable

*Joanne M. Couse*  
(NOTE: Registered Agent signature required when reinstating)

1/23/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COUSE, ANNE GRAM	
STREET ADDRESS	NO 11 AVE J	
CITY - ST - ZIP	MOORE HAVEN, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COUSE, EDWIN GRAM	
STREET ADDRESS	JEFFREY LN RT 13 BOX 13	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COUSE, MILLER	
STREET ADDRESS	227 E CRESCENT DR	
CITY - ST - ZIP	CLEWISTON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNETT, JO ANNE COX	
STREET ADDRESS	2102 LAKE FOREST DR	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COUSE, JOANNE M.	
1.3 STREET ADDRESS	5801 Jeffery Lane	
1.4 CITY - ST - ZIP	Ft Myers FL 33907	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A. Douglas Grace	
2.3 STREET ADDRESS	2135 Cottage Street	
2.4 CITY - ST - ZIP	Ft Myers FL 33901	
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne M. Couse* Joanne Couse M. 1/23/96 941-489-3934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)