

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90058 031 ***150.00

DOCUMENT # 234868

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 698-A 7th St. & Hwy 27
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 69
Suite, Apt. #, etc.

23 City & State
Moore Haven, FL
24 Zip
33471
25 Country
USA

28 City & State
Moore Haven, FL
29 Zip
33471
30 Country
USA

3. Date Incorporated or Qualified
03/23/1960

4. FEI Number
59-0398343
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COUSE, JOANNE M.
5901 JEFFERY LANE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
Janie Griffin
82 Street Address (P.O. Box Number is Not Acceptable)
611 Sabal Avenue
83
84 City
Clewiston FL 85 Zip Code
33440

11. Pursuant to the provisions of Sections 607.050 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. (NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	COUSE, JOANNE M	5801 JEFFERY LANE	FT MYERS FL	<input checked="" type="checkbox"/>
VP	GRIFFIN, JANE P.	611 SABAL AVE.	CLEWISTON FL	<input type="checkbox"/>
S	COUSE, MILLER	227 E CRESCENT DR	CLEWISTON, FL 00000	<input checked="" type="checkbox"/>
D	ARNETT, JO ANNE COX	2102 LAKE FOREST DR	TALLAHASSEE, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/M	Griffin, Janie	611 Sabal Avenue	Clewiston, FL 33440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Tony Koger	502 Bowden Road	Clewiston, FL 33440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

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