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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

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

04-27-1999 90040 029 ***150.00

DOCUMENT # 241344

ROY A. GLISSON REALTY, INC.

Principal Place of Business Mailing Address				I EMBAND HANGE DIDEN HANDE AND RESERVE		AII 81831 1801
13710-52 PL SO		1 2773 FOREST HILL B LVD				
LAKE WORTH FL 33467		S UITE-201		DO NOT MOITE IN THE COACE		
US		-W-PALM BEACH FL-33414		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				10/21/1960		
9 Principal DI	ace of Business	2a. Mailing Address		4. FEI Nu nber	Apr	ied For
2. Principal Pi	ace of business		2 Ph So	59-0910188	↓ 	Applicable
Suite, Art.:	#. etc.	Suite, Apt. #, etc.	2 / / 1 30		\$8.75 Ar	
22	,, 0.0	27		5. Certificate of Status Desired	Fee Req	uired
City & State	3	City & State	+5	6. Election Campaign Financing	\$5.00 ∧	May Be
23		28 Lakeword	htla	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25	$\frac{29}{33467}$	0 <u>US/</u>	Personal Property Tax.		[∃No
	9. Name and Add ess of Current	t Registered Agent		10. Name and Address of New Reg	istered Agent	
CLIC	CON DOV A		81 Name			-
GLISSON, ROY A			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
13710-52 PL SO. LAKE WORTH FL 33467						
LANC	: WORIN FL 3340/		83			
			84 City		85 Zip C	ode
					FL ["	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607,1508, Florida Statutes of Florida, Such change was suit	i, the above-named col horized by the corpora	rporation submits this statement for the putition's board of directors. I hereby accept the	rpose of changing its r he appointment as reg	egistered stered
agent. a	n familiar with, and accept the obligat	tions of, Section 607.0505, Floric	la Statutes.		•	
SIGNATURE						
	Signature, typed or printed na ne of registered agen	t dita tita ii -ppiiaaaia.	egistered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE NID DIRECTOR	OS IN 12
12.	P OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE	•	C) Deterie	1.2 NAME		<u>, , , , , , , , , , , , , , , , , , , </u>	
NAME	GLISSON, ROY A 1 2773 Forest Hill By 20 1			12710 52 12/ 50		
STREET ADORESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS	13710 SZPL,SO LAKE WORTH FL	22467	
CITY-ST-ZIP	W PALM BCH., FL=00000- ST	DELETE	1.4 CITY-ST-ZIP	211 6 5001 116 1 1	Change	Addition
TITLE		Detere	22 NAME		7	_
NAME	GLISSON, CLAIRE E.A.			13710 52 BL SO		
STREET ADDRESS	12773 FOREST HILL BV-201		2.3 STREET ADDRESS	13710 52 PL SO Lake Worth Fl	3 2 4 67	
CITY-ST-ZIP	W PALM BCH., FI -00000	□ DELETE	2.4 CITY-ST-ZIP 4 3.1 TITLE	Car e Coor inc. , ,	Change	Addition
TITLE			3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			34 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-\$T-ZIP			5.4 CITY-\$T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		_	62 NAME			
STREET ADDRLSS			6.3 STREET ADDRESS			
CITY ST 7ID			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (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 changer, or on an attact ment with an address, with all other like empowered.

SIGNATURE: