

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 # 476818

1. Corporation Name

**GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART,
INC.**

Principal Place of Business

**33 E PINE STREET
ORLANDO FL 32801-2607**

Mailing Address

**33 E PINE STREET
ORLANDO FL 32801-2607**

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90023 009 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1975

4. FEI Number

59-1594244

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

**CROWELL, PATRICK C.
320 N. MAGNOLIA AVE.
SUITE B-9
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
KERCHER, WILLIAM C. JR.
712 S. LAKE ADAIR BLVD
ORLANDO FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSD
ANGLIN, WILLIAM J., JR.
350 SENACCA TRAIL
MAITLAND FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VTD
LOPEZ, SERGIO R.
629 MARINER WAY
ALTAMONTE SPRINGS, F**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
GLATTING, JACK F.
105 RED BAY
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
RINEHART, JOHN F.
17635 SEIDNER ROAD
WINTER GARDEN FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
JACKSON, TIMOTHY T.
1397 S RIDGE LAKE CIR
LONGWOOD FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

3/25/99

(407) 843-6552

Date

Daytime Phone #

CR20034 (11/98)