

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**  
08-06-1999 90007 026 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G19950**  
1. Corporation Name  
**REDISH-GLADES INSURANCE AGENCY, INC.**

Principal Place of Business	Mailing Address
% RICKY R. REDISH 300 SOUTH BOND CLEWISTON FL 33440	% RICKY R. REDISH 300 SOUTH BOND CLEWISTON FL 33440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/24/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2245158	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
29		30		8. This corporation owes the current year Intangible Personal Property.	
29		30		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REDISH, ERNEST R 300 SOUTH BOND STREET CLEWISTON FL 33440		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	REDISH, ELNORA T.	1.2 NAME	
STREET ADDRESS	300 S BOND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: \_\_\_\_\_  
8/30/99

CR2E034 (5/99)

LIFE • FIRE • AUTOMOBILE • ACCIDENT • HEALTH  
**GENERAL INSURANCE**  
BOATS • LIABILITY • TRAILERS • BUSINESS

*Redish - Glades Insurance Agency, Inc.*

G19950  
602303-90007-26

300 SOUTH BOND ST.  
CLEWISTON, FL 33440  
PHONE: 941 - 983-5167

TO: *Don-ol Cap*

Date: *7/1/99*

Subject: *Document # G19950*

*Redish Glade vs*

*please advise life change  
is okay we at this renewal meet in  
January when we received bill - as we always  
have is you can see when you look at  
our file  
The bank is closed so I am attaching 15000 new  
as you advised - and you will advise life  
change - tomorrow I will ck with the bank  
Please renew car sticker*

**TIMESAVER**

TO SEPARATE FROM CARBON GRASP SET AT TOP AND BOTTOM AND SNAP APART  
THE MINES PRESS, INC. - INSURANCE PRINTERS - NEW YORK, N. Y. 10014