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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90011 039 \*\*\*150.00

## DOCUMENT # P93000051984

1. Corporation Name

THE GLEASON FOUR, INC.

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1										
Principal Place	e of Business	Ma	ailing Address	• • • • • • • • • • • • • • • • • • • •			ו נפוסם וווסס וווסס וווסס וונוו ספושו שנו נסטונסקו ו	יוו בינון ופיוע	(B) (B)() (B)()	
12879 SOUTH CLEVELAND AVE.		12879 SOUTH CLEVELAND AVE				•	3	S <sub>ij</sub> eje		
FORT MYERS FL 33907 FORT MYERS FL 33907							DO NOT WRITE IN THIS SPACE			
7							3. Date Incorporated or Qualifed			1
							07/22/1993	_		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	17	Applied For	1
21		26					65-0428124	1	Not Applicable	1
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22	•	27					5. Certificate of Status Desired	Fee f	Required	ļ
City & Stat	e .		City & State				6. Election Campaign Financing		🕽 Мау Ве	Í
23		28			_		Trust Fund Contribution		d to Fees	-
Zip	Country	$\vdash$	Zip		untry		8. This corporation owes the current year Inte	angible Yes	Пыс	
24	25	29		30	_		Personal Property Tax.  10. Name and Address of New Registered		□No	4
<del></del>	9. Name and Address of Currer	it Regis	tered Agent		81	Name	10. Name and Address of New Registered	Agent		1
GLE	ASON, PATRICK F						A Stanform		· · · · · ·	
12879 SOUTH CLEVELAND AVE.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			ļ	
	T MYERS FL 33907				83	·	The state of	*** **********************************		1
					"					
					84	City	FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					above	-named corn	possition submits this statement for the number of	changing i	ts registered	┨
office or r	egistered agent, or both, in the State	of Florid	la. Such change was a	authorize	d by t	the corporation	on's board of directors. I hereby accept the appoin	ntment as	registered	1
agent. I a	m familiar with, and accept the oblige		_	onda Sta	tutes.					
SIGNATURE	Signature, typed or printed name of registered age	Name title		F: Registere	d Agent	signature require	3/25/79 ad when reinstating) DATE			١,
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	3
TITLE	D									י ו
NAME			□ DELETE	1.1 7	ITLE		. ,	Change	Addition	1. 3
	1 =		☐ DELETE		TTLE LAME	ļ	**************************************	· · ·	B ☐ Addition	1.3
STREET ADDRESS	GLEASON, PATRICK F		☐ DELETE	1.2 N	<b>LAME</b>	ADDRESS		· · ·	e Addition	. 7001
STREET ADDRESS CITY-ST-ZIP	1 =		☐ DELETE	1.2 N 1.3 S	<b>LAME</b>		in the second of	nt .		7, 700 100
STREET ADDRESS CITY-ST-ZIP TITLE	GLEASON, PATRICK F 1920 VIRGINIA AVE., #1503A		☐ DELETE	1.2 N 1.3 S	IAME STREET. SITY-ST		्र प्रश्निक विकास के किस क अपने किस के किस के अपने किस के	Change		77 7001000
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CITY-ST-ZIP	GLEASON, PATRICK F 1920 VIRGINIA AVE., #1503A FORT MYERS FL 33901 D GLEASON, CATHERINE	<del></del>		12 N 1.3 S 1.4 C 2.1 T 2.2 N	IAME STREET. STY-ST STLE IAME		e e e e e e e e e e e e e e e e e e e	☐ Change		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

3/23/99 Date

(941) 275.5585