

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080167 (6)

1. Corporation Name

JAMES T. GLEASON INC.



Principal Place of Business

1401 GULF BLVD., NO. 1
INDIAN ROCKS BEACH FL 34635

Mailing Address

PO BOX 1298
NEW PORT RICHEY FL 34656-1298

2. Principal Place of Business

2a. Mailing Address

21 1401 Gulf Blvd

26 PO Box 1298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27

23 Indian Rocks Beach, FL

28 New Port Richey FL

24 34635

25 USA

29 34656

30 USA

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

NA

4. FEI Number

65-0624728

Applied For

Not Applicable

5. Certificate of Status Desired

No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

No

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBRONN, DOREEN M
2240 BELLEAIR RD.
SUITE 140
CLEARWATER FL 34624

81 Name

Goldbronn, Doreen M

82 Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Rd

83

Suite 140

84 City

Clearwater

FL

85 Zip Code

34624

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

Not Required

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GLEASON, JAMES T
PO BOX 1298
NEW PORT RICHEY FL 34656-1298

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GLEASON, ROSE ANN
PO BOX 1298
NEW PORT RICHEY FL 34656-1298

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James T. Gleason April 23, 1996 (613)
Pres. James T. Gleason April 23, 1996 593-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)