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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000080167 (6) **DOCUMENT #**

JAMES T. GLEASON INC.

Principal Place of Business	

1401 GULF BLVD., NO. 1

Mailing Address

PO BOX 1298



Not Applicable Solito Appli 9 (ct. 27 Sulto Appl	INDIAN ROC	CKS BEACH FL 34635	NEW PORT RICHEY FI	L 34656-1298		
27 Suite S	2 Principal D				10/16/1995	
Second Status Second Sec	21 140	1 Gulf Blud	26 PO BOX 13	118		Applied For
Total in a Necks Beach FL 20 New Part 12 New Provided 12 New Part 12 New Par	22 Swi	10	27			S8.75 Additional Fee Required
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. OCCURRANT FL 34624 12. Pursuant to the previsions of Sections 607,0502 and 607,1508, Plottas Statutes, the above named corporation is board of directors. I hereby accept the approach agent of both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent. I am of the purpose of changing its registered agent and the previsions of Sections 607,0502 and 607,0503. Florids Statutes, the above named corporation is board of directors. I hereby accept the approximant as registered agent and the previsions of Sections 607,0503. Florids Statutes the above named corporation's board of directors. I hereby accept the approximant as registered agent. I am of the purpose of changing its re	23 INA	ian Rocks Beach, FL	28 New Port Ri	chey FL.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
GOLDBRONN, DOREEN M 2240 BELLEAIR RD. SUITE 140 CLEARWATER FL 34624 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. The ebove-named corporation sutmits this statement for the purpose of dranging its rejectered drice or respicted agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiporation of Section 607,0505, Florida Statutes. In the ebove-named corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the epiporation's registered agent, and the corporation's board of directors. I hereby accept the epiporation as registered agent, and the corporation's board of directors. I hereby accept the directors.	24 3463	5 25 USA	29 3465%		Florida Statutes Yes	□No
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TILE P SIER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME SIRRET ADDRESS CITY-ST-ZIP NAME STD GLEASON, JAMES T PO BOX 1298 NEW PORT RICHEY FL 34656-1298 13 STREET ADDRESS CITY-ST-ZIP STD GLEASON, ROSE ANN PO BOX 1298 NEW PORT RICHEY FL 34656-1298 14 DTV-ST-ZIP DELETE 31 TITLE 32 STREET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 NEW PORT RICHEY FL 34656-1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 13 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 14 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 14 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 14 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 14 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRESS CITY-ST-ZIP TITLE STD GLEASON, ROSE ANN PO BOX 1298 15 STREET ADDRE	SIGNATURE	Signature, typed or printed notice of registered agent and	tile if applicable (NOT	E: Registered Agent signature requi	red when re-instaling)	DATE
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				6.3 STREET ADDRESS		
		codify that the left will be		64 CITY-ST-ZIP		į

certify that the information indicated on this annual report or supplemental annual report or supplemental annual report of supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further 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 and the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

James T. Glason Alril 23,96