

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

3. Date incorporated or Qualified: 10/16/1995
3a. Date of Last Report: NA
4. FEI Number: 65-0624728
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

2. Principal Place of Business
21 1401 Gulf Blvd
22 Suite, Apt. #, etc.: Suite 1
23 City & State: Indian Rocks Beach, FL
24 Zip: 34635
25 Country: USA
26 Mailing Address: PO Box 1298
27 Suite, Apt. #, etc.:
28 City & State: New Port Richey FL.
29 Zip: 34656
30 Country: USA

9. Name and Address of Current Registered Agent
GOLDBRONN, DOREEN M
2240 BELLEAIR RD.
SUITE 140
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name: Goldbronn, Doreen M
82 Street Address (P.O. Box Number is Not Acceptable): 2240 Belleair Rd
83 Suite 140
84 City: Clearwater
85 Zip Code: FL 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLEASON, JAMES T	
STREET ADDRESS	PO BOX 1298	
CITY - ST - ZIP	NEW PORT RICHEY FL 34656-1298	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GLEASON, ROSE ANN	
STREET ADDRESS	PO BOX 1298	
CITY - ST - ZIP	NEW PORT RICHEY FL 34656-1298	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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* Pres. James T. Gleason April 23, 1996 (813) 593-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)