## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21197

(1)

GLEASON & PAUL, INC

GELAGO	it a race inc.						
Principa Place	e of Business	Mailing Address	<del></del>	···· <u>·</u>	🚽 — § 10014 OLITHA 11401 11941 KIRKA IAKIN 141	TI BIBII BION DIBY BIBU GIBU I	)1611 (801
4802 S. PENINSULA DRIVE PONCE INLET FL 32127 US		P.O. BOX 0566 DAYTONA BEACH FL 32115-0566 US					
					3. Date incorporated or Qualified 03/19/1992	3a. Date of Last Re 05/01/1996	port
2. Principal Pr	ace of Business	2a. Mailing Address			4, FEI Number		plied For
21		26			58-1974461		t Applicable
Suite, Apt. #, etc. Ti		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State	19	City & State			& Floating Compaign Financing	· · · · · · · · · · · · · · · · · · ·	<del></del>
23	•	28			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Z <sub>(0)</sub>	Country	Zip	Countr	y	8. This corporation has liability to		
24	25	29	30			☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Agent	
	L, JANIS G.		81	Name			
4802 S PENINSULA DRIVE			82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
PON	CE INLET FL 32127						
			83	1			
			84	City		<b>85</b> Zip (	Code
***************************************		1007.500 51 :1-0			poration submits this statement for the	FL [8]	
office or n agent. Lai SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Fio	uthorized tr rida Statute	y the corporat s.	tion's board of directors. I hereby acc		registered
	Signature: typed or peoted name of registered ager			niupen arutangia Ineq	red when reinstating)	DATE	0 10 40
12. MULE	OFFICERS AND	DELETE	13.	·	ADDITIONS/CHANGES TO OFF	Change	Addition
NAME	PAUL, JANIS G.	butti	1.2 NAME	1		Orango	/ Add ( on
STREET ALDRESS	4802 S. PENINSULA DR.			T ADDRESS			
City-St-2iP	PONCE INLET FL		1.4 CITY-				
THE	D	DELETE	2.1 TITLE	¥7 &		☐ Change	Addition
NAM:	GLEASON, BRIAN P.		2.2 NAME				
STREET ADDRESS	4802 SOUTH PENINSULA DR.		2.3 STREE	T ADDRESS			'
CHV+\$1+769	PONCE INLET FL		2.4 CITY	-ST-ZIP			
THE	D	☐ DELETE	3 1 TITLE			Change	Addition
NAME	GLEASON, MICHAEL E., JR.		3 2 NAME				
STREET ADORESS	4802 SOUTH PENINSULA DR.		3 3 STREE	T ADDRESS			
CHY-S1-20	PONCE INLET FL	Driese	3.4. CITY	-ST-ZIP		Change	Addition
701E		☐ DELETE	4.1 TITLE	.		Change	Addition
NAM!			4, 2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - \$1 - ZIP TITE?		DELETE	5.1 TITLE	01.11		Change	Addition
NAME.		<del></del>	5.2 NAME				
SHREET ADDRESS				T ADDRESS			
CITY ST-7P			5.4 CITY				
TIU		DELETE	6 1 TITLE			Change	Addition
Nami	4 - A		6.2 NAME	•			
STR: ET ADORESS			63STRE	et address			
CITY - ST - ZIP	THE STATE OF THE S		6.4 CITY				<del></del>
14. I do herel informatio	by certify that the information supplied in indicated on this annual report or s	I with this filing does not qualifupplemental annual report is to	y for the ex ue and acc	emption stated curate and that	d in Section 119.07(3)(i), Florida Statu t my signature shall have the same le	tes. I further certify that gal effect as if made un-	the der oath; that
Lamian o appears	flicer or director of the corporation or n Block 12 or Block 13 if skanger, o	he receiver or trustee empow on an attachment with an add	ered to exe lress.	cute this repo	t my signature shall have the same le rt as required by Chapter 607, Florida	Statutes, and that my r	name

SIGNATURE:

**FILED** 

May 08 1997 8:00am

Secretary of State