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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V69855

(7)

 Corporation 	Name	• •						
GLISS	ON & SONS, INC.				1 1881). BN 818 THUR 1818 (818) B	101 0111 0104 6161	9111 1 .9	
Principal Place	of Business	Mailing Address						
5705 39TH VERO BEAC	STREET CH FL 32966	5705 39TH STREET VERO BEACH FL 32						
					3. Date Incorporated or Qualified	3a. Date of		
					10/09/1992	10	/11/19	
Principal Place of Business Address Address					4. FEI Number 65-0361707			pplied For lot Applicable
21 26								Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
28 28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for		under s	199.032,
24	25	29	30		Florida Statutes Yes 10. Name and Address of New F	No No	ant	
	9. Name and Address of Cur	rrent Registered Agent		M1 No.	10. Name and Address of New P	registered M	ent	
GLISSON, HUGH				Name	ress (P.O. Box Number is Not Acceptable)			
				32 Street Addr				
5705 39TH STREET				B3				
VERO	BEACH FL 32966		[-				
			Ī	B4 City		FL	85 Z	o Code
		FOR COZ 1500 Florido Ptot	iton the above	o named corno	ration submits this statement for the pu	roops of observ	ping its r	egistered office
				orporation's boa	ration submits this statement for the pour and of directors. I hereby accept the app	ointment as re	gistered	agent. I am
familiar wi	th, and accept the obligations of, 5	Section 607.0505, Florida Statute	es.					
SIGNATURE .	Signature, typed or printed name of registered	access and the it englished	NOTE: Registered A	Agent signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OF	ICERS AND D	HRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.110	LE			Change	Addition
NAME	HUGH, GLISSON		1.2 NAI	ME				
STREFT ADDRESS	5705 39TH ST		1.3 STF	REET ADDRESS				
DITY-ST-ZIP	VERO BEACH FL		1.4 CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE	2.1 70	TLE		L	Change	☐ Addition
NAME	GLISSON, PAUL		2.2 NA	ME				
STREET ADDRESS	2435 1ST PLACE		2.3 STI	REET ADDRESS				
CITY-SI-ZIP	VERO BEACH FL			Y-S1-ZIP			Change	Addition
TITLE		☐ DELETE	3. 1 71			Ц	Change	☐ Mudit/Off
NAME			3.2 NA	- 1				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		FINITE		Y-ST-ZIP			Change	Addition
TITLE		DELETE	4. 1 Ti			ــا	,go	
NAME			4 2 NA					
STREET ADDRESS				REET ADDRESS				
CLTY - ST - ZIP		DELETE	4.4 CI 5. 1 TI	TLF			Change	☐ Addition
TITLE			5.1 TI				-	
NAME			1	REET ADDRESS				
STREET ADDRESS				TY-ST-ZIP				
CITY - ST- ZIP		☐ DELETE	54 CF				Change	☐ Addition
TITLE			6.2 N			-		
NAME				REET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			■ 6 <i>87</i> 1	TY-ST-ZIP				

14. Ido 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 cartify 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 crit need, or on an attachment with an address.

SIGNATURE:

ATORE AM TYPED OR PRINTED LAND OF SIGNING OFFICER OR DIRECTO

H-24-96

407-562-5841