SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $220 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:30

DOCUMENT # **V70041** **(1)**

1. Corporation Name

KATHLEEN A. GLANCY, INC.

Principal Place of Business	Mailing Address
PO BOX 698 PALM CITY FL 34990	PO BOX 698 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 09/01/1994

2. Principal Place of Business (21): 1105 SW MARTIN Dobbus Blvd
2a. Mailing Address (26): 1

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23): Palm City, FL
City & State (28):

Zip (24): 34990
Country (25): MARTIN
Zip (29):
Country (30):

4. FEI Number: 65-0434080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

GLANCY, KATHLEEN A
1905 SW ST. ANDREWS DR.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2201 SW Riverside Drive
83:
84 City: Palm City FL 85 Zip Code: 34990

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 _____ DATE
Signature, typed or printed Name of registered agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GLANCY, KATHLEEN A	12 NAME	
STREET ADDRESS	1905 SW ST. ANDREWS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, WILLIAM DALE	22 NAME	
STREET ADDRESS	789 S. FEDERAL HWY., STE. 103	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Kathleen A Glancy 7/10/95 407-283-7778.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0172001 FP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED AS[...] PLEASE CALL THE ANNUAL REPORT

FILING FEE $225.00 [...] FEE + $25.00 LATE FEE [...] ATE

Reminder:

1. Changes in addresses, officers and regis[...]
2. Include information in Blocks 3 and 4 if r[...]
3. Signature of the proper officer or directo[...]
4. Indicate liability for intangible tax under [...]
5. Submit with total amount due in the for[...] [...]nited States Bank to Department of State.) Fee is $225.00.

Block 1. Block 1 is preprinted with the corporation'[...] [...]eviously reported to our office. The name of corporation cannot be changed by way [...]

Block 2. Enter the principal place of business if diff[...] [...]y reported, in Block 2.

Block 2a. If the computer-entered mailing address i[...] [...]x is acceptable.

Block 3. Enter the date of incorporation or qualific[...]

Block 3a. Enter the file date of the last filed annual r[...]

Block 4. Complete Block 4 by entering your Feder[...] [...]lied for" is preprinted in Block 4, you must now provide the FEI number. For assista[...]

Block 5. Should you desire a certificate reflecting [...] [...]nd include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contrib[...] [...]litical campaigns for the offices of the Governor and members of the Cabinet. If you wou[...]

Block 8. Check the appropriate box. Please direc[...]

Block 9. The law requires that each corporation [...] [...]ck 9 is incorrect, enter the correct information in Block 10. There is no additional fee [...]

Block 10. Enter name of new Registered Agent ar[...] [...]vice is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS C[...]

Block 11. The new registered agent must indicat[...] [...]gations and this appointment by completing and signing in Block 11. No signature is ne[...] [...]rent corporation, the person signing must state their position with the corporation. NO[...]

Block 12. Block 12 contains the last information [...] [...]ck 12, corrections or additions are to be made in block 13. If there is no change in the [...]

Block 13. Block 13 is for changes or additions t[...] [...]d legible. Use the following type symbols on the title line: *P=President; V=Vice Presid[...]* [...]*f a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* NOT[...] [...]OTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florid[...] [...]eet addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block [...] [...]easurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or [...] [...]eiver, it must be signed by the trustee or receiver. A signature placed on an attachmen[...]

Send only 1995 Preprinted Annua[...] with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

Phone Number: (904) 487-6056

[...]*spondence to this address:*

[...]4

[...]*Delivery):*

[...]9

1619

To Cynthia Hendrixson —
It is important that Cynthia Henderson
handles this Renewal.
Please record right away as we discussed
on the phone on Wednesday 7/13/95
If you have any question I would
appreciate a call at 407-273-7777
[signature]

KATHLEEN A. GLANCY INC.

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.