SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
KATHLEEN A. GLANCY, INC.

Principal Place of Business
1105 SW MARTIN DOWNS BLVD
PALM CITY FL 33990
US

Mailing Address
PO BOX 698
PALM CITY FL 34990

3. Date Incorporated or Qualified: **10/09/1992**
3a. Date of Last Report: **07/18/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
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
2201 SW RIVERSIDE 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)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when resignation) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	GLANCY, KATHLEEN A	
STREET ADDRESS	1905 SW ST. ANDREWS DR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	☒ DELETE
NAME	ANDERSON, WILLIAM DALE	
STREET ADDRESS	789 S. FEDERAL HWY., STE. 103	
CITY-ST-ZIP	STUART FL 34994	
TITLE	S	☐ DELETE
NAME	~~Donald M. Glancy~~	
STREET ADDRESS	~~1905 SW Riv Drive~~	
CITY-ST-ZIP		
TITLE	S	☐ DELETE
NAME	Donald M. Glancy	
STREET ADDRESS	1105 E Martin Downs Blvd	
CITY-ST-ZIP	Palm City, Fl 34990	
TITLE	DP	☐ DELETE
NAME	Kathleen A Glancy	
STREET ADDRESS	1105 E Martin Downs Blvd	
CITY-ST-ZIP	Palm City, Fl 34990	
TITLE	Y	☐ DELETE
NAME	Thomas M. Frostrom.	
STREET ADDRESS	2473 SW Warwick ST	
CITY-ST-ZIP	Port St Lucie, Fl 34990	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, 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 — 7-25-96 — 407-2837778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #