

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

1998 MAR 13 AM 9:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997-98

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 Mailing Address
**1105 SW MARTIN DOWNS BLVD
PALM CITY FL 33990
US** **PO BOX 698
PALM CITY FL 34990**

2. Principal Place of Business 2a. Mailing Address
21 **1107 SW MARTIN DOWNS BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Palm City, FL** 27 City & State
City & State
23 **33990** 24 **USA.** 25 Country
Zip Country Zip Country

3. Date Incorporated or Qualified **10/09/1992** 3a. Date of Last Report **07/31/1996**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 **Raymond L. Glancy**
82 Street Address (P.O. Box Number is Not Acceptable) **2251 Riverside Dr**
83
84 City **Palm City** 85 Zip Code **FL 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 *[Signature]* **Raymond L. Glancy v.p.** 09/12/98
Signatures of registered agent and new agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FROSTROM, THOMAS M	
STREET ADDRESS	2473 SW WARWICK STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GLANCY, KATHLEEN	
STREET ADDRESS	1105 S MARTIN DOWN BLVD	
CITY-ST-ZIP	PLAM CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GLANCY, DONALD	
STREET ADDRESS	1105 C MARIN DOWNS BLVD	
CITY-ST-ZIP	PALM CITY FL	
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	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raymond L. Glancy	
1.3 STREET ADDRESS	1107 S. MARTIN Down Blvd	
1.4 CITY-ST-ZIP	Palm City, FL, 34990	
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		

REINSTATEMENT
900002459719--B
-03/17/98-01072-016
***900.00 ***900.00

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **Raymond L. Glancy v.p.** *[Signature]* **Raymond L. Glancy** 3/2/98

CR2E034 (4/97)