

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Monrham
 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 34980 **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 | |
| 4. FEI Number 65-0434080 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|-------------|--|---|--|--------------------|--|
| 2. Principal Place of Business BLVD | | | | 2a. Mailing Address | | | |
| 21 1105 SW MARTIN DOWNS | | 26 1 | | 22 | | 27 | |
| 23 Palm City, FL | | 28 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GLANCY, KATHLEEN A 1905 SW ST. ANDREWS DR. PALM CITY FL 34990 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2301 SW Riverside Drive | | | |
| | | | | 83 | | | |
| | | | | 84 City Palm City | | 85 State FL | |

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 signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLANCY, KATHLEEN A | 1.2 NAME | |
| STREET ADDRESS | 1905 SW ST. ANDREWS DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM CITY FL | 1.4 CITY - ST - ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, WILLIAM DALE | 2.2 NAME | |
| STREET ADDRESS | 789 S. FEDERAL HWY., STE. 103 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART FL 34994 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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)(b), 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 (Typed Name)

CR2E034 (3/95)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT

FILING FEE \$225.00

1619

**FEE + \$25.00 LATE FEE
ATE**

Reminder:

1. Changes in addresses, officers and regist
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 form Fee is \$225.00.

- Block 1. Block 1 is preprinted with the corporation's of corporation cannot be changed by way c
- Block 2. Enter the principal place of business if diffi
- Block 2a. If the computer-entered mailing address is
- Block 3. Enter the date of incorporation or qualifie
- Block 3a. Enter the file date of the last filed annual r
- Block 4. Complete Block 4 by entering your Feder now provide the FEI number. For assista
- Block 5. Should you desire a certificate reflecting fee.
- Block 6. Florida law allows for a voluntary contrib and members of the Cabinet. If you wou
- Block 8. Check the appropriate box. Please direc
- Block 9. The law requires that each corporation ' in Block 10. There is no additional fee tr
- Block 10. Enter name of new Registered Agent ar THE CORPORATION CANNOT BE ITS C
- Block 11. The new registered agent must indicati signing in Block 11. No signature is ne their position with the corporation. NG
- Block 12. Block 12 contains the last information block 13. If there is no change in the i
- Block 13. Block 13 is for changes or additions t title line: P=President; V=Vice Presid positions, e.g., S/D; V/S; V/T/D. NOTI pursuant to Section 119.07(k), Florid the mailing address and "N/A".
- Block 14. This report must be signed in Block ; in Block 12, Block 13 if a change, or A signature placed on an attachment

TO CYNTHIA HENDRISON -
 IT IS IMPORTANT THAT CYNTHIA HENDRISON
 HANDLES THIS RENEWAL.
 PLEASE RECORD RIGHT WAY AS WE DISCUSSAL
 ON THE PHONE ON WEDNESDAY 7/13/95
 IF YOU HAVE ANY QUESTIONS IF WORK
 APPRECIATE A CALL AT 907-273-7778
 KATHEEN

KATHEEN A. GLANCY INC.

Send only 1995 Preprinted Annual with stub and check to:
 Division of Corporations
 Annual Reports
 Post Office Box 1500
 Tallahassee, Florida 32302-1500
 Phone Number: (904) 487-6056

United States Bank to Department of State.)
 previously reported to our office. The name
 ly reported, in Block 2.
 rx is acceptable.
 iled for" is preprinted in Block 4, you must
 and include an additional \$8.75 with your filing
 litical campaigns for the offices of the Governor
 ock 9 is incorrect, enter the correct information
 vice is NOT acceptable for service of process.
 gations and this appointment by completing and
 rent corporation, the person signing must state
 ck 12, corrections or additions are to be made in
 nd legible. Use the following type symbols on the
 (a person holds more than one position, enter all
 OTE: If officer or director's address is confidential
 et addresses. If there is no street address, enter
 easurer or Director of the Corporation that is listed
 eiver, it must be signed by the trustee or receiver.

Correspondence to this address:

Delivery):

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.