

**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 33980
US**
Mailing Address: **PO BOX 698
PALM CITY FL 34980**

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

2. Principal Place of Business 2a. Mailing Address

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

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLANCY, KATHLEEN A
2201 SW RIVERSIDE DR
PALM CITY FL 34990**

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

Signature of typed or printed name of registered agent and Florida applicable

(NOTE: Registered Agent signature assumed when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GLANCY, KATHLEEN A	
STREET ADDRESS	1905 SW ST. ANDREWS DR.	
CITY - ST - ZIP	PALM CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM DALE	
STREET ADDRESS	789 S. FEDERAL HWY., STE. 103	
CITY - ST - ZIP	STUART FL 34994	
TITLE	Donald M. Glancy	<input type="checkbox"/> DELETE
NAME	1905 SW ST. ANDREWS DR.	
STREET ADDRESS	1905 SW ST. ANDREWS DR.	
CITY - ST - ZIP	1905 SW ST. ANDREWS DR.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Donald M. Glancy	
STREET ADDRESS	1105 S MARTIN DOWNS BLVD	
CITY - ST - ZIP	Palm City, FL 34990	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Kathleen A. Glancy	
STREET ADDRESS	1105 S MARTIN DOWNS BLVD	
CITY - ST - ZIP	Palm City, FL 34990	
TITLE	Thomas M. Frostrom.	<input type="checkbox"/> DELETE
NAME	2473 SW WARWICK ST	
STREET ADDRESS	PORT ST LUCIE, FL 34990	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96 6407-2837778
DATE DAYTIME PHONE #

CR2E034 (3/96)