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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90091 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G95575

1. Corporation Name
FIBERGLASS WORKSHOP, INC.

Principal Place of Business: 10615 NEW KINGS ROAD (32219) P. O. BOX 68 JACKSONVILLE FL 32219
Mailing Address: 10615 NEW KINGS ROAD (32219) P. O. BOX 68 JACKSONVILLE FL 32219



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1984
4. FEI Number: 59-2396237
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 the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
BERG, REBECCA L.
2207 INDEPENDENT SQUARE
701 FISK STREET, SUITE 310
JACKSONVILLE FL 32204

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes entries for DP HAPPY, HENRY and S HAPPY, LORRAINE.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes entries 1.1 through 6.4 for additions or changes to officers and directors.

14. I 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, with all other like empowered.

SIGNATURE: Henry Happy (REQUIRED)
3-30-99 904-765-6502
Date Daytime Phone #

CR2E034 (11/98)