FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G95575

FIBERGL	ass workshop, inc.									
Principal Place	of Business	Mailing Add	dress				-	III DIVIL DI	417 858) 01011 1	liffit atett (80)
10615 NEW KINGS ROAD (32219) 10615 NEW KINGS ROAD (3 P. O. BOX 68 P. O. BOX 68 JACKSONVILLE FL 32219 JACKSONVILLE FL 32219							DO NOT WRITE	N THIS	SPACE	
							3. Date Incorporated or Qualifed			
							04/10/1984		- 1 4-	-tied Fee
2. Principal Pi	lace of Business	2a. Mailing	Address				4. FEI Number		<u> </u>	plied For t Applicable
21		26					59-2396237		\$8.75	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired]	Fee Re	
City & State	e	City &	State				6. Election Campaign Financing	7	\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Coul	ntry		8. This corporation owes the current	year Inta		
24	25	29	3	0			Personal Property Tax.		X Yes	□No
	9. Name and Address of Currer	nt Registered A	jent				10. Name and Address of New Reg	stered A	Agent	
	0 05050011			ļ	81	Name				
BERG, REBECCA L. 2207 INDEPENDENT SQUARE				82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
	FISK STREET, SUITE 310									
JACKSONVILLE FL 32204					83					
SACROCIVILLE I C SEZOT						City		FL	85 Zip (Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the state of	of Florida, Such itions of, Section	change was auti 607.0505, Florid	norized la Statu	i by 1 ites.	ine corporatioi		DATE	innent as te	gistered
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	DP		☐ DELETE	1.1 TII	LE				☐ Change	☐ Addition
NAME	HAPPY, HENRY			1.2 NA	ME					
STREET ADDRESS	6773 PITTS RD .		1.3 STREET ADDRESS		ADDRESS)	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		-ZIP					
TITLE	S	☐ DELETE 2.1		2.1 TIT	LE				☐ Change	☐ Addition {
NAME	HAPPY, LORRAINE			2.2 NA	ME					ļ
STREET ADDRESS				2.3 ST	REET	ADDRESS				ĺ
CITY-ST-ZIP	JACKSONVILLE FL			2, 4 CI		T-ZIP			Change	Addition
TITLE			☐ DELETE ···	3.1 111		1	·		Change	
NAME				3.2 NA						1
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP			E) per ett	3.4. C		T-ZIP	Pi		Change	Addition
TITLE			DELETE	4.1 TIT					onlange	
NAME	·			4. 2 N			•			
STREET ADDRESS						ADDRESS				}
CITY-ST-ZIP			DELETE	4.4 CF 5.1 TF		1+ZIP	-		Change	Addition
TITLE			DCC6.16	5.2 NA						
NAME						ADDRESS				}
STREET ADDRESS				5.4 CI		i				
CITY-ST-ZIP TITLE			DELETE	6.1 TIT			-		☐ Change	☐ Addition
NAME				6.2 N		-			_ ·	

CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

3-30-99

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 012 ***150.00

904-765-650Z