

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K52413** (7)

1. Corporation Name

**ONECO GLASS & MIRROR, INC.**



Principal Place of Business

Mailing Address

1623 53RD AVE E  
ONECO FL 34264

1623 53RD AVE E  
ONECO FL 34264

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/19/1988

3a. Date of Last Report

09/21/1995

4. FEI Number

65-0089088

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 has liability for intangible tax under s. 199.032, Florida Statutes



10. Name and Address of New Registered Agent

LEGAULT, JOHN L  
1623 53 AVE E  
ONECO FL 34264

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 607.0902 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 typed or printed name of registered agent is not required until April 1994)

(Signature of Registered Agent is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEGAULT, JOHN L	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEGAULT, RONALD C.	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEGAULT, THOMAS L.	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGAULT, GLENN M.	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGAULT, KELLY A.	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEGAULT, TANYA M.	
STREET ADDRESS	1623 53RD AVE E	
CITY-STATE-ZIP	ONECO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 have power 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 change 1, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John L Legault* John L Legault 11/18/96 941-758-1640

Date

Daytime Phone #

CR2E034 (12/95)