

**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 # P92000011512 (0)  
1. Corporation Name

FIBERGLOSS, INC.



Principal Place of Business: % 2216 JOHN MORTON ROAD ORANGE PARK FL 32073  
Mailing Address: % 2216 JOHN MORTON ROAD ORANGE PARK FL 32073

3. Date incorporated or Qualified: 12/14/1992  
3a. Date of Last Report: 08/03/1995  
4. FEI Number: 59-3158391  
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: Yes [ ] No [ ]

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  
TRIPONEY, SHEILA D  
2216 JOHN MORTON ROAD  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when not on original)

12. OFFICERS AND DIRECTORS  
TITLE: D [ ] DELETE  
NAME: TRIPONEY, SHEILA D  
STREET ADDRESS: 2216 JOHN MORTON RD  
CITY-ST-ZIP: JACKSONVILLE FL  
TITLE: D [ ] DELETE  
NAME: TRIPONE, SCOTT A  
STREET ADDRESS: 2216 JOHN MORTON RD  
CITY-ST-ZIP: JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE: [ ] Change [ ] Addition  
12 NAME: [ ] Change [ ] Addition  
13 STREET ADDRESS: [ ] Change [ ] Addition  
14 CITY-ST-ZIP: [ ] Change [ ] Addition  
21 TITLE: [ ] Change [ ] Addition  
22 NAME: TRIPONEY, SCOTT A.  
23 STREET ADDRESS: [ ] Change [ ] Addition  
24 CITY-ST-ZIP: [ ] Change [ ] Addition  
31 TITLE: [ ] Change [ ] Addition  
32 NAME: [ ] Change [ ] Addition  
33 STREET ADDRESS: [ ] Change [ ] Addition  
34 CITY-ST-ZIP: [ ] Change [ ] Addition  
41 TITLE: [ ] Change [ ] Addition  
42 NAME: [ ] Change [ ] Addition  
43 STREET ADDRESS: [ ] Change [ ] Addition  
44 CITY-ST-ZIP: [ ] Change [ ] Addition  
51 TITLE: [ ] Change [ ] Addition  
52 NAME: [ ] Change [ ] Addition  
53 STREET ADDRESS: [ ] Change [ ] Addition  
54 CITY-ST-ZIP: [ ] Change [ ] Addition  
61 TITLE: [ ] Change [ ] Addition  
62 NAME: [ ] Change [ ] Addition  
63 STREET ADDRESS: [ ] Change [ ] Addition  
64 CITY-ST-ZIP: [ ] Change [ ] 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: *Sheila D. Triponey* 7-29-96 904-276-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)