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Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90108 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300053075

TROY GLASS & METAL, INC.

Principal Plac	ce of Business	Mailing Addres	ss			
3714 PAIGE ST	ſ	3714 PAIGE ST				
PORT ORANGE FL 32119 PORT ORANGE FL 32119						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						•
						07/26/1993
Principal Place of Business 2a. Mailing Ad			iling Address			4. FEI Number Applied For
21		26	<u> </u>			59-3199017 Not Applicable
			Suite, Apt. #, etc.			5. Certificate of Status Desired 5. Certificate of Status Desired 5. Status Desired
22 27						
City & State City & State			e			6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent	<u>t</u>			10. Name and Address of New Registered Agent
				81	Name	
SHARPTON, TROY D				82	Street	Address (P.O. Box Number is Not Acceptable)
3714 PAIGE ST					-	
PORT ORANGE FL 32119				83		
				<u> </u>		Jac 7in Code
				84	City	FL 85 Zip Code
l office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such cha lations of, Section 607	ange was author 7.0505, Florida S	rized by Statutes	tne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ag		·····	<u>_</u>	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			1.1 TITLE		
NAME	SHARPTON, TROY D			1.2 NAME	i	
STREET ADDRESS	1		L	1.3 STREE	TADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119			1.4 CITY-5	T-ZIP	
TITLE	D		DELETE	2.1 TITLE		Change Addition
NAME	SHARPTON, FRANK R			2.2 NAME		·
STREET ADDRESS				2.3 STREE	TADDRESS	
-CITY-ST-ZIP	S DAYTONA-FL-32119	-		2. 4 CITY-9	ST-ZIP	
TITLE	-		DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
				33 STREE	T ADDRESS	
STREET ADDRESS				3.4. CITY-5		
CITY-ST-ZIP				3.4. CITY-3 4.1 TITLE	21-4IF	Change Addition
TITLE						
NAME				4. 2 NAME		
STREET ADDRESS	s				TADDRESS	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	

CITY-ST-ZIP 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, er on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

Addition