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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000014249 (3)

DOCUMENT #

K & K GLASS, INC.

Principal Place of Business Mailing Address 6200 FORT KING ROAD 6200 FORT KING ROAD ZEPHRYHILLS FL 33540 ZEPHRYHILLS FL 33540 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3302119 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes □ № 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KNOWLTON, DANIEL A **6220 FORT KING ROAD B2** Street Address (P.O. Box Number is Not Acceptable) ZEPHRYHILLS FL 33540 вз 84 City 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 troth, 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, lyped or printed name of registered agent and tine if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE KNOWLTON, DANIEL A 12 NAME NAME PALMAVE 36405 FAIRVIEW HEIGHTS 37016 1 3 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 DADE CIT '_*P*2 3352≤ □ DELETE CITY-ST-ZIP 14 CITY ST-ZIP Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CHTY-ST-ZIP DELETE Change Addition | 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - \$T - ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 51 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE

14. Thereby 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

62 NAME

63 STREET ADDRESS

CIGNATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10 1998 8:00am

Secretary of State