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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000074651 (7)

1. Corporation Name
PROGLASS OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
20101 PEACHLAND BLVD. UNIT 210 PORT CHARLOTTE FL 33954	20101 PEACHLAND BLVD. UNIT 210 PORT CHARLOTTE FL 33954-2180

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1193-A Enterprise Drive
Suite, Apt. #, etc.
22 Units 1 & 2
City & State
23 Port Charlotte, FL
Zip 24 33953 Country 25

2a. Mailing Address
26 1193-A Enterprise Drive
Suite, Apt. #, etc.
27 Units 1 & 2
City & State
28 Port Charlotte, FL
Zip 29 33953 Country 30

4. FEI Number: 65-0616857 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BUTTERWORTH, TERRY L
20101 PEACHLAND BLVD. UNIT 210
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1193-A Enterprise Drive Units 1 & 2
83
84 City Port Charlotte, FL 33953 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTTERWORTH, TERRY L 20101 PEACHLAND BLVD., UNIT 210 PORT CHARLOTTE FL 33954	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1193-A Enterprise Dr. Unit 1 & 2 Port Charlotte, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BUTTERWORTH, FRANCES L 20101 PEACHLAND BLVD., UNIT 210 PORT CHARLOTTE FL 33954	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1193-A Enterprise Dr. Unit 1 & 2 Port Charlotte, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROSE, STEPHEN E. 22476 SACRAMENTO AVE PORT CHARLOTTE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Terry L. Butterworth 4/23/97 (941) 255-1044