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PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMEN[illegible] STATE
Sandra B. Mort[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]IONS

DOCUMENT # **K85569** **(7)**

1. Corporation Name
THE GLASS PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
% DAVID A. LAPRADE 3560 SE DIXIE HWY STUART FL 34997-5245 US	% DAVID A. LAPRADE 3560 SE DIXIE HWY STUART FL 34997-5245 US

3. Date Incorporated or Qualified: **05/03/1989**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0124751** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

LAPRADE, DAVID A.
2481 SE WOOD AVE
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

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 607.0502 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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LAPRADE, DAVID A.	
STREET ADDRESS	2481 SE WOOD AVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	DVT	☐ DELETE
NAME	LAPRADE, WILLIAM K.	
STREET ADDRESS	3560 SE DIXIE HWY	
CITY-ST-ZIP	STUART FL	
TITLE	S	☐ DELETE
NAME	STORRS, CHARLES	
STREET ADDRESS	3560 SE DIXIE HWY	
CITY-ST-ZIP	STUART FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished [illegible] 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 rep[illegible]t 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 emp[illegible]wered 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: David A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR [illegible]ECTOR

2-22-96 Date
407-286-0459 Daytime Phone #

CR2E034 (12/95)