**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 277141

1. Corporation Name

FEASEL PAINT & GLASS CO.

FEMOLE	FAINT & GLASS CO		•				
Principal Place	of Business	Mailing Address	- "		I (BBI) II III INBU I INBU IIII \$100 F IIUI OIOIF I	isti alah alah s	LOCK DIGIT SOOL
P O DRAWER 1		P O DRAWER 1420					
DELAND FL 32721-1420 DELAND FL 32721-1420				DO NOT WOITE IN THIS SPACE			
US US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					01/03/1964		
	A Designation	2a. Mailing Address			4. FEI Number	Δn	plied For
					59-1030744	<del></del>	t Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					<u> </u>	\$8.75 A	
22		27			5. Certifcate of Status Desired	Fee Re	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		_
24	25	29 3	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered	Agent	
ane	DODY IID		81	Name			
GREGORY, H.P.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
535 FOREST CREEK RUN			-				
DELEON SPRINGS FL 32130			83				.ex. a
•			84	City	FL	85 Zip C	Code
				<u> </u>	poration submits this statement for the purpose of		conjetered
office or re	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was aut	inorizea bv	the corporat	tion's board of directors. I hereby accept the appo	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ager	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	GREGORY, H P		1.2 NAME	İ			}
STREET ADDRESS	535 FOREST CREEK RUN		1.3 STREE	TADDRESS			
ÇITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			Change	☐ Addition
NAME	MIKITTA, JAMES C		2.2 NAME				
STREET ADDRESS	- 1 14/3		2.3 STREE	T ADDRESS	·		
ÇTY-ST-ZIP			2. 4 CITY-5	ST-ZIP			77.4.000
TITLE	VD □ DELETE 3.11		3.1 TITLE			Change	☐ Addition
NAME	diledoiti, E. V.		3.2 NAME				
STREET ADDRESS	2266 LAKE HIRES ROAD		3.3 STREE	TADORESS			1
C/TY-ST-ZIP			3.4. CITY-S	ST-ZIP		Change	☐ Addition
TITLE (			4.1 TITLE	)		☐ Change	☐ MUUIIOII
NAME			4. 2 NAME	ĺ			
STREET ADDRESS				TADDRESS			]
CITY-ST-ZIP			4,4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			ł
STREET ADDRESS			5.4 CITY-S				ļ
CITY-ST-ZIP			6.1 TITLE	11-21		Change	Addition
TITLE			6.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			V.V STREE				

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 fine 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 trystee 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 write a suddens, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: HP GREGORY

04/10/99

904-734-2122

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90003 024 \*\*\*150.00