FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **285744** **(9)**

1. Corporation Name
BILL & LYNN'S GLASS & SHELVING, INC.

Principal Place of Business
1635 SW BILTMORE ST
PORT ST LUCIE FL 34984
US

Mailing Address
550 NW TWYLITE TERR
PORT ST LUCIE FL 34983
US

2. Principal Place of Business
21 1639 SW Biltmore St
Suite, Apt #, etc
22
City & State
23 Pt St Lucie Fla
Zip 24 34984 Country 25 USA

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/06/1964
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-1634003 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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
MOUNTS, BILLY H.
550 NW TWYLITE TERR
PORT ST. LUCIE FL 34983

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 ✓ DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	DELETE
NAME	MOUNTS, BILLY RAY, SR.	
STREET ADDRESS	3660 HAMILTON RD.	
CITY-ST-ZIP	BLAIRSVILLE GA 30512	
TITLE	VSD	☒ DELETE
NAME	MOUNTS, ROSE MARY	
STREET ADDRESS	3660 HAMILTON RD.	
CITY-ST-ZIP	BLAIRSVILLE GA 30512	
TITLE	PCM	☐ DELETE
NAME	MOUNTS, BILLY H	
STREET ADDRESS	550 NW TWYLITE TERR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	~~VSD~~	☐ DELETE
NAME	~~[illegible]~~	
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	VSD	☐ Change ☒ Addition
1.2 NAME	Mounts, Susan W	
1.3 STREET ADDRESS	550 NW Twylite Terr	
1.4 CITY-ST-ZIP	Port St Lucie FL 34983	
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		
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 and 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 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: X [signature] Billy H. Mounts 4-2-96 407-340-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)