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

Mailing Address 550 NW TWYLITE TERR

PORT ST LUCIE FL 34983

Suite, Apt. #, etc.

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 285744

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

6939 HERITAGE DR

21

PT ST LUCIE FL 34952

BILL & LYNN'S GLASS & SHELVING, INC.

Zip Country Zip Country St. This corporation was the current year intangible present Property Tax. Yes All			27					↓					
Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes Personal Property			City & State										
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOUNTS, BILLY H. 550 NW TWYLITE TERR PORT ST. LUCIE F1 34983 83 84 City FL 85 Zip Code 67.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and tils if applicable. In the Employee of Professional Company of the Corporation's board of directors. I hereby accept the appointment as registered agent agent and tils if applicable. In the Employee of Professional Agent and tils if applicable. In the Employee of Professional Company of Professional Statutes agent. I am Template visit and accept the obligations of, Sociona 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent and tils if applicable. In the Supplicable of Professional Company of Professional Compa	Zip	Country			Country	,		8.	This corporation owes the current year In	tangible		4	
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MOUNTS, BILLY H. 550 NW TWYLITE TERR PORT ST. LUCIE FL 34983 84 City FL 85 Zip Code 44 City FL 85 Zip Code 451. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of 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, and after the purpose of changing its registered agent, and after the purpose of							Name						
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the pappointment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, toped or printed reason of registered agent ag	MOUNTS, BILLY H.						Street Addre	ss (F	P.O. Box Number is Not Acceptable)				
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### 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 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 registere agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ### SIGNATURE Signature, hyped or printed name of registered agent and title if applicable.										(3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1 397.	\$5.38 <u>;</u>	
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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 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 a 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, of or an attachment with an address, with all other like empowered.	Officer or 4.	director of the combration of the receive	er or irusine	i amnowereu io exec	Jule Hills I		UIL as ieuun	shall red by	ill have the same legal effect as if made un by Chapter 607, Florida Statutes; and that	der oath; th my name a	at I a	m an 's in	

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90074 015 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/06/1964 4. FEI Number Applied For 59-1634003 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required

CR2E034 (11/98)