

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN - 8 AM 10: 32

DOCUMENT # 374319

(2)

1. Corporation Name

BROOKS GLASS CO.

Principal Place of Business

**2615 S HARBOUR CITY BLVD
MELBOURNE FL 32901**

Mailing Address

**2615 S HARBOUR CITY BLVD
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1970

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1352040

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEWIS, BETTY ANN
2615 S. HARBOUR CITY BLVD.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

STEPHEN D. GATES

82 Street Address (P.O. Box Number is Not Acceptable)

6800 WHISPERING PINES LANE

83

GRANT

84 City

GRANT

FL

85 Zip Code

32949

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

Stephen D. Gates

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

6/12/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
LEWIS, BETTY ANN
2615 S. HARBOUR CITY BLVD
MELBOURNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**PD
GATES, STEPHEN D.
6800 WHISPERING PINES LANE
GRANT, FL 32949**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**STD
HOWARD S. HARRINGTON
515 FOOTMAN'S LANDING
MERRITT ISLAND, FL 32952**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(d), 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:

Stephen D. Gates

Signature typed or printed name of signing officer or director

4/24/95 (407) 723-0821

Date

Daytime Phone #