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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 421905

1. Corporation Name
INDUSTRIAL FIBERGLASS, INC.

Principal Place of Business
4511 EAST 11TH STREET
PANAMA CITY FL 32401

Mailing Address
4511 EAST 11TH STREET
PANAMA CITY FL 32401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1973

4. FEI Number
59-1451514

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 4511 E 11th St

2a. Mailing Address
26 Same

22 Suite, Apt. #, etc.
23 Panama City FLA

27 Suite, Apt. #, etc.
28

24 32404 25 Bay

29 30

9. Name and Address of Current Registered Agent

TODD, VERNON WADE
2752 ALTHA AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name Alfred Walter Kirwin
82 Street Address (P.O. Box Number is Not Acceptable)
83 5029 Palm Avenue
84 City Youngstown FL 85 Zip Code 32406

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 Alfred W Kirwin

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	TODD, VERNON WADE	
STREET ADDRESS	2752 ALTHA AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUNT, J.W.	
STREET ADDRESS	517 TRANSMITTER ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alfred Walter Kirwin	
1.3 STREET ADDRESS	5029 Palm Ave	
1.4 CITY-ST-ZIP	Youngstown FL 32406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: Alfred W Kirwin REASSIGNED Kirwin 4/26/99 850-785-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)