

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91194 044 ***150.00

DOCUMENT # 421905

1. Entity Name
INDUSTRIAL FIBERGLASS, INC.

Principal Place of Business Mailing Address
4511 E 11TH ST **4511 E 11TH ST**
PANAMA CITY FL 32404 **PANAMA CITY FL 32404**

A0071457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4511 E 11th St **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PANAMA CITY FLA **Same**
 Zip Country
32404 **FLA**

4. FFI Number Applied For
59-1451514 No. Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIRVIN, ALFRED W
5029 PALM AVE
YOUNGSTOWN FL 32406

7. Name and Address of New Registered Agent
 Name **Alfred W Kirvin**
 Street Address (P.O. Box Number is Not Acceptable)
4511 E 11th St
 City **PANAMA CITY FLA** Zip Code **32404**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Alfred W Kirvin* 4/4/01
Signature, typed or printed name of registered agent (check box if applicable) (NOT TO BE SIGNED BY APPLICANT OR REGISTERED AGENT) DATE

9. This corporation is obligated to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST TODD VERNON WADE 2752 ALTA AVE PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HUNT, J.W. 517 TRANSMITTER ROAD PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST KIRVIN, ALFRED W 5029 PALM AVE YOUNGSTOWN FL 32406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath by me as 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfred Kirvin* **ALFRED W KIRVIN** **850-785-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (10/00)