FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:30

DOCUMENT # **455615** **(5)**

1. Corporation Name
PUNTA GORDA GLASS CO.

Principal Place of Business	Mailing Address
22460 GLASS LANE CHARLOTTE HARBOR FL 33980-2001	22460 GLASS LANE CHARLOTTE HARBOR FL 33980-2001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1974
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-1573809 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NATKE, JUDITH E.
125 S.W. SINCLAIR STREET
PORT CHARLOTTE FL

10. Name and Address of New Registered Agent

81 Name: NATKE, SUSAN K
82 Street Address (P.O. Box Number is Not Acceptable): 125 SW SINCLAIR ST
83: Port Charlotte
84 City: FL 85 Zip Code: 33952

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: Susan K. Natke 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NATKE, DAVID	1.2 NAME		
STREET ADDRESS	125 S.W. SINCLAIR STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	NATKE, JUDITH E.	2.2 NAME	NATKE, SUSAN K	
STREET ADDRESS	125 S.W. SINCLAIR STREET	2.3 STREET ADDRESS	125 SW SINCLAIR ST	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	PT CHARLOTTE, FL	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	NORUS, ROBERT	3.2 NAME		
STREET ADDRESS	2357 ACHILLES ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. CCHARLOTTE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Natke 4/20/95 (813)629-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0336083 CP