

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 455615

1. Corporation Name

PUNTA GORDA GLASS CO.

Principal Place of Business

22460 GLASS LANE
CHARLOTTE HARBOR FL 33980-2001

Mailing Address

22460 GLASS LANE
CHARLOTTE HARBOR FL 33980-2001

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90112 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1974

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

D'APRILE, SUSAN K
24673 NOVA LANE
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NATKE, DAVID
STREET ADDRESS 125 S.W. SINCLAIR STREET
CITY-ST-ZIP PT CHARLOTTE FL FL

TITLE SD
NAME D'APRILE, SUSAN
STREET ADDRESS 24673 NOVA LANE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T
NAME NORUS, ROBERT
STREET ADDRESS 2357 ACHILLES ST.
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D
NAME NATKE, JUDITH E
STREET ADDRESS 125 SW WINCLAIR ST
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

~~ADD PRESIDENT~~ Change ☐ Addition ☐
← 12 is correct

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VICE PRESIDENT and SECRETARY Change ☒ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

(Treasurer is correct) Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

~~NATKE, DAVID~~ DIRECTOR ONLY Change ☒ Addition ☐
SINCLAIR ST

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 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:

Susan K. D'Aprile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

941-629-4333

Date

Daytime Phone #

CR2E034 (1/98)