

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 489281 (6)

1. Corporation Name

D & A GLASS & MIRROR, INC.



Principal Place of Business

**1022 10TH ST.
ST. CLOUD FL 34769**

Mailing Address

**1022 10TH ST.
ST. CLOUD FL 34769**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHMOOCK, ROSEMARY L.
1601 DELAWARE AVENUE
ST. CLOUD FL 34769**

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 of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

P

**SCHMOOCK, WALTER T.
1601 DELAWARE AVE.
ST. CLOUD FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STD

**SCHMOOCK, ROSEMARY L.
1601 DELAWARE AVE.
ST. CLOUD FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

13.33 TITLE

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)(k), 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 attached list with an address.

SIGNATURE:

Rosemary L. Schmoock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 407-892-5158
Date Filing Fee

CR2E034 (12/95)