


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

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Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90012 012 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 574420 ✓

1. Corporation Name
D-J GLASS ENTERPRISES, INC.

Principal Place of Business 563 Burton Boulevard Rockledge, Florida 32955	Mailing Address 2595 Lynwood Place Merritt Island, Florida 32953
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 1, 1978

4. FEI Number **59-1874250** 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

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

9. Name and Address of Current Registered Agent

**Gregory W. Glass
 2595 Lynwood Place
 Merritt Island, Florida 32953**

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 *Gregory W. Glass* **Gregory W. Glass** **June 23, 1999**
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	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Dossie B. Glass	
STREET ADDRESS	2595 Lynwood Place	
CITY-ST-ZIP	Merritt Island, Florida 32953	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	Cynthia G. Lancaster	
STREET ADDRESS	6104 W. Potter Drive	
CITY-ST-ZIP	Glendale, Arizona	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	Gregory W. Glass	
STREET ADDRESS	2595 Lynwood Place	
CITY-ST-ZIP	Merritt Island, Florida 32953	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gregory W. Glass	
1.3 STREET ADDRESS	2595 Lynwood Place	
1.4 CITY-ST-ZIP	Merritt Island, Florida 32953	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sally W. Glass	
2.3 STREET ADDRESS	2595 Lynwood Place	
2.4 CITY-ST-ZIP	Merritt Island, Florida 32953	
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: *Gregory W. Glass* **Gregory W. Glass** **June 23, 1999** (407)727-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #