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 # 648697

1. Corporation Name

GINGERICH GLASS AND ALUMINUM, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90058 041 ***158.75



Principal Place	e of Business	Mailing Address		I 1901) 3 Dilli Diadi i alia allia letti tent atori a	illi Bibit Bibit Bibit Bibit Bibit tobi
237 INTERSTATE BLVD. 237 INTERSTATE BLVD.					
SARASOTA FL 34240 SARASOTA FL 34240					
				DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualifed 12/18/1979	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	59-1952806	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	- \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inf	tangible
24	25	29	30	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Currer	nt Registered Agent	81 Name		Want
CBN	IKSHANK DAVIDEC - 1 -1 -	مامه	D Marine D	avid D. Bone	
CRUKSHANK, DAVIDC State data 4716 1974 AVE W SABASOTA FE 34236 ETOT			82 Street Add	ress (P.O. Box Number is Not Acceptable)	R
l	ASOTA FC 34236	rorl		52 Field Ka, Suite	. 7.3
346	MOUTA FE 14236	` *	83	•	
_			84 City		85 Zip Code
			11 30	crasota FL	.) 34231)
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508 Florida Statut	es, the above-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of Section 607,0505, Flo	rida Statutes.	det a dealer of directors. Thereby accept the appear	- C
SIGNATURE	1000	w XX	Pre-	1-17	2-98
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NC)	Registered Agent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GINGERICH, ERVIN O		1.2 NAME		
STREET ADDRESS	4711 10TH ST.		1.3 STREET ADDRESS		
CITY-\$T-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
πιε	STD	☐ DELETE	2.1 TMLE		☐ Change ☐ Addition
NAME	GINGERICH, CLARA M		2.2 NAME		1
STREET ADDRESS	4711 10TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	VPQ	DELETE	31 TITLE	-	- ⊡ Change ☐ Addition
NAME	CRUIKSHANK, DAVID C		3.2 NAME		,
STREET ADDRESS	4716_1876 AVE W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP		
TITLE	S	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WAAG ROSETTA-		4. 2 NAME	Marie III	
STREET ADDRESS	5928 DORAL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA PL 34243		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5 3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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: