


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

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

02-23-1999 90058 041 ***158.75

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| 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.



| | |
|--|--|
| Principal Place of Business 237 INTERSTATE BLVD. SARASOTA FL 34240 | Mailing Address 237 INTERSTATE BLVD. SARASOTA FL 34240 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 12/18/1979 | 4. FEI Number 59-1952806 Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|---|--|--|---|

9. Name and Address of Current Registered Agent

~~CRUIKSHANK, DAVID C~~
~~4716 10TH AVE W~~
~~SARASOTA FL 34236~~

state data error!

10. Name and Address of New Registered Agent

81 Name **David D. Bone**
 82 Street Address (P.O. Box Number is Not Acceptable)
1952 Field Rd, Suite B
 83
 84 City **Sarasota** FL 85 Zip Code **34231**

11. Pursuant to the provisions of Sections 607.0502 and 607.1005, 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: *David D. Bone* DATE: **1-12-99**

Signature, typed or printed name of registered agent and title if applicable. (INCLUDE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GINGERICH, ERVIN O | |
| STREET ADDRESS | 4711 10TH ST. | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | GINGERICH, CLARA M | |
| STREET ADDRESS | 4711 10TH ST. | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | CRUIKSHANK, DAVID C | |
| STREET ADDRESS | 4716 10TH AVE W | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | WAAG, ROSETTA | |
| STREET ADDRESS | 5928 DORAL DR | |
| CITY-ST-ZIP | SARASOTA FL 34243 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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: *Clara M. Gingerich* **Clara M. Gingerich** **1/11/99** **941-371-7295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sec/Treas

CR2E034 (1/198)