FILED Apr 22, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69175

1. Corporation Name

PATRICK GLASS COMPANY, INC.

Principal Place	or business	Walling Address									
% PHILIP E. DE	BRUYN	. % PHILIP E. DE BRUYN									
1403 S PATRIC	K DRIVE	1403 S PATRICK DRIVE				DO NOT WRITE	IN THE	DACE			
INDIAN HARBOI	UR BEACH FL 32937	Indian Harbour Beach FL 32937				DO NOT WRITE IN THIS SPACE					٦.
						3. Date Incorporated or Qualifed					
						03/01/1982					4
Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		Щ.	Applie		1
21		26				59-2171197 Not Applica					_
Suite, Apt.	#;etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	حيحتا	_\$8.7			
22	•	27				5. Controdict of States Doomse		Fee	Requ	ired	_
City & State	9	City & State				6. Election Campaign Financing	П	\$5.0)0 ма	у Ве	
23		28				Trust Fund Contribution	L-J	Adde	ed to F	ees]
Zip	Country Zip			untry		8. This corporation owes the curren	t year Intai	ngible			
24	25 29 30		30]		Personal Property Tax.		Yes		No	
	9. Name and Address of Current					10. Name and Address of New Re	gistered A	gent]
				81	Name						7
DE E	BRUYN, PHILIP E			82							4
	S PATRICK DRIVE		į			reet Address (P.O. Box Number is Not Acceptable)					
	AN HARBOUR BEACH FL 32937			83							1
114011	THE SECOND PROPERTY OF THE SECOND			63							1
				84	City		FI	85 Z	ір Сос	le	
44 5	to the provisions of Sections 507 0502	and 607 1609 Elorida Statut	es the	hove	a-named corn	pration submits this statement for the pr	imose of c	l l hanging	its rec	istered	1
office or re	egistered agent, or both, in the State o	t Floπda. Such change was a	utnonze	a by i	the corporation	n's board of directors. I hereby accept	the appoint	ment as	regis	ered	ĺ
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Sta	tutes.	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registere	d Agent	t signature required	when reinstating)	DATE				١,
12.	OFFICERS AND	<u> </u>	13.	<u> </u>		ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS	IN 12	1 3
TITLE	PD	☐ DELETE	1.1 T					Chan	je	Addition	7;
	DEBRUYN, PHILIP E			AME	ł						;
NAME	···				ADDDESS						3
STREET ADDRESS	1403 S PATRICK DRIVE				ADDRESS						}
CITY-ST-ZIP			1.4 CITY-ST-ZIP				Chan		Addition	1 :	
TITLE		☐ DELETE	2,1 1	TILE					go	Addition	
NAME			2.2 NAME		1						1
STREET ADDRESS	235		Z.3 STREET ADDRESS							- -	
CITY-ST-ZIP			2.4	CITY-S	T-ZIP						4
TITLE	☐ DELETE 3.11		3.1 TITLE				☐ Chan	ge	☐ Addition		
NAME			3.21	IAME							
STREET ADDRESS			3.3 9	TREET	ADDRESS					-	{
CITY-ST-ZIP			3.4	CITY-S	T-ZIP	•					{
TITLE		☐ DELETE	_	ITLE				Chan	ge	Addition	7
NAME	· ·			NAME							
					ADDDESS						-
STREET ADDRESS					ADDRESS						-
CITY-ST-ZIP		☐ DELETE	_	ITY-SI	T-ZIP			Chan		Addition	+
TITLE		☐ DETEIF	5.11						40	الاستنادال	\
NAME				AME							
STREET ADDRESS			5.3 8	TREET	ADDRESS						
CITY-ST-ZIP				ITY-ST	T-ZIP						1
TITLE		☐ DELETE	6.11	TILE				Chan	ge	☐ Addition	
NAME			6.21	IAME							
Į			220	TOCCT	ADDRESS						1

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 chapaged, or on an attachment with an address, with all other like empowered. Bra)

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP