

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:21

DOCUMENT # **F92218** (9)

1. Corporation Name  
**BILL'S CUSTOM GLASS AND MIRROR, INC.**

Principal Place of Business Mailing Address  
**% JEFFREY C QUINN**  
**307 AIRPORT PULLING RD**  
**NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/27/1982</b>	3a. Date of Last Report <b>02/28/1994</b>
4. FEI Number <b>59-2210848</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under 5-199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**QUINN, JEFFREY C**  
**307 AIRPORT PULLING RD**  
**NAPLES FL 33942**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

(Printed, typed or printed name of registered agent and the Corporation)

(Printed, typed or printed name of new registered agent and the Corporation)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RAGAN, WILLIAM H SR</b>
STREET ADDRESS	<b>RT 1, BOX 713, S R 78 E</b>
CITY, ST, ZIP	<b>MOORE HAVEN FL</b>
TITLE	<b>V</b>
NAME	<b>RAGAN, ELSIE J</b>
STREET ADDRESS	<b>314 NASON LN</b>
CITY, ST, ZIP	<b>NAPLES, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>P.O. BOX 1200 N/A</b>
1.4 CITY, ST, ZIP	<b>WAYNESBORO TN. 38485</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	<b>ZIP- 33902</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.02, 139.03, 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 shareholder or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an attachment with an affidavit.

SIGNATURE:

*Elsie Jane Ragan*

**ELSIE JANE RAGAN**

1/25/95 (813) 597-8338

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

(DATE AND TELEPHONE NUMBER)