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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT # F92218**

(9)

BILL'S CUSTOM GLASS AND MIRROR, INC. Principal Place of Business Mailing Address							
* JEFFREY C QUINN 307 AIRPORT PULLING RD NAPLES FL 33942		% JEFFREY C OUINN 307 AIRPORT PULLING RD NAPLES FL 33942					
				 Date Incorporated or 07/27/1982 		ate of Last Report 02/24/1995	
2. Principal Pla	ce of Business	2a. Mailing Address	······································	4. FEI Number 59-2210848	.,	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #. etc.		5. Certificate of Status D	Jesired	\$8.75 Additional Fee Required	
City & State	-	City & State		6. Election Campaign Fir Trust Fund Contribution	, LJ	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Ζ ₁ ρ 29	Country 30	This corporation has I Florida Statutes	liability for intangible Yes 🔲 No		
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address	of New Registere	d Agent	
			81 Name	י			
OUINN, JEFFREY C			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)			
	ORT PULLING RD		83		 	· · · · · · · · · · · · · · · · · · ·	
NAPLES I	rL 33942		63				
			84 City		F	85 Zip Code	
SIGNATURE 12. TITLE	P	rastrérapsons do DIRECTORS ☐ DELETE	13.			NO DIRECTORS IN 12	
NAME	RAGAN, WILLIAM H SR		1.2 NAME	RAGAN, FRANK			
STREET ADDRESS	P O BOX 1200		1.3 STREET ADDRESS	6204 PARKER'S	HMCK RD.		
CHTY - ST - ZIP	WAYNESBORO TN	ET 00 FT	14 CITY - ST - Z P	NAPLES, FL.	33962	F2 4. F2	
TIFLE	RAGAN, ELSIE J	☐ DELETE	2 1 TITLE			Change Addition	
NAME	314 NASON LN		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 00000		2.3 STREET ADDRESS 2.4 CITY - ST- ZIP				
TITLE		☐ DELETE	3 1 HILE			Change Addition	
NAME			3.2 NAME				
STREET ACCIRESS			33 STREET ADDRES	5	•		
CITY - ST - ZIP			3.4 CITY - \$1 - ZIP			**************************************	
TITLE		DELETE	4 ' Trille			Change Addition	
NAME STREET LEGISLE			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP TITLE		DELETE	5 1 TITLE			Change Addition	
NAME		[] becare	5.2 NAME	•			
STREET ADDRESS			5 3 STHEET ADDRESS				
CHT+-ST-ZIP			54 CI'Y S' 7.P				
TITLE		DELETE	6 1 TITLE	***		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6 3 STHEET ADDRESS				
CHTY - ST - ZIP			64 CEY+S1-Z@				
certify that oath; that I	reartify that the information supplied the information indicated on this ann am an officer or director of the corp Block 12 or Block 13 <u>if</u> changed, or	iual report or supplemental an oration or the receiver or trust	nual report is true and a ee empowered to exec	accurate and that my signature sha	It have the same leg	jal eftect as it made under	

SIGNATURE:

4/29/96 (941)597-8338