

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90129 025 ***150.00

DOCUMENT # **G08280**

1. Corporation Name

ASSOCIATED FIBERGLASS, INC.

Principal Place of Business

**1718 N.W. 58TH LANE
OCALA FL 32675-3042**

Mailing Address

**1718 N.W. 58TH LANE
OCALA FL 32675-3042**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1982

4. FEI Number

59-2246847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Terr.

2a. Mailing Address

21 5154 N. Honeycreek

26 P.O. Box 1124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Crystal River, FL

City & State

28 Crystal River, FL

Zip

Country

24 34428 25 Citrus

Zip

Country

29 34423 30 Citrus

9. Name and Address of Current Registered Agent

**HENDERSON, ALLEN
1718 N.W. 58TH LANE
OCALA FL 32670**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
PD
NAME
HENDERSON, ALLEN
STREET ADDRESS
1718 N.W. 58TH LANE
CITY-ST-ZIP
OCALA, FL 00000

TITLE
SD
NAME
HENDERSON, SARAH
STREET ADDRESS
1718 NW 58 LN
CITY-ST-ZIP
OCALA FL

TITLE
TD
NAME
HENDERSON, SARAH
STREET ADDRESS
1718 NW 58 LN
CITY-ST-ZIP
OCALA FL

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

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**5154 N. Honeycreek Terrace
Crystal River, FL 34428**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**5154 N. Honeycreek Terrace
Crystal River, FL 34428**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**5154 N. Honeycreek Terrace
Crystal River, FL 34428**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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: **Sarah Henderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 **(352) 564-8150**
Date Daytime Phone #

CR2E034 (1/98)