

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G50623** (9)

1. Corporation Name

NORTH FLORIDA STAINED GLASS, INC.



Principal Place of Business

**105 S. MAIN STREET
P O BOX 316
ALACHUA FL 32615
US**

Mailing Address

**1 SOUTH MAIN ST.
P O BOX 316
ALACHUA FL 32615**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 **32616** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 **32616** 30 Country

9. Name and Address of Current Registered Agent

**CHECK-MATHIS, LINN J.
14410 N.W. 146TH AVENUE
ALACHUA FL 32615**

3. Date Incorporated or Qualified

07/20/1983

3a. Date of Last Report

06/29/1995

4. FET Number

59-2312794

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

14404 NW 153RD TERR

83

84 City

FL

85

Zip Code
32616

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 in the space provided on this page.

DATE Registered Agent Signature typed or printed in the space provided on this page.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST
CHECK-MATHIS, LINN J.**
STREET ADDRESS **14410 N.W. 146TH AVENUE BOX 316**
CITY-STATE-ZIP **ALACHUA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

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STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **14404 NW 153RD TERR. P.O. Box 316**

1.4 CITY-STATE-ZIP **32616**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 Section 119.07(3)(k), 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.

SIGNATURE:

Linn J. Check-Mathis

LINN J. CHECK-MATHIS

3-15-96 462-2860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)