

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G57348** (6)  
1. Corporation Name  
**FWLER FIBERGLASS GRATING, INC.**



Principal Place of Business  
**400 LEVY ROAD  
P. O. BOX 508  
ATLANTIC BEACH FL 32233**

Mailing Address  
**400 LEVY ROAD  
P. O. BOX 508  
ATLANTIC BEACH FL 32233-2618**

3. Date Incorporated or Qualified <b>08/25/1983</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2315842</b>	Applied For 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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>P.O. Box 320508</b>
22 City & State	27
23 Zip	28 <b>Atlantic Beach, FL</b>
24 Country	29 <b>32233</b>
25	30 <b>US</b>

9. Name and Address of Current Registered Agent <b>ANDERSON, KENNETH G. 1301 GULF LIFE DRIVE SUITE 2540 JACKSONVILLE FL 32207</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 (NOT: Registered Agent Signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	CD	NAME	<b>FWLER, R W</b>	1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
STREET ADDRESS		400 LEVY RD		2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		ATLANTIC BCH, FL 00000		3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	PD	NAME	<b>FWLER, L B</b>	4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
STREET ADDRESS		400 LEVY RD		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		ATLANTIC BCH, FL 00000		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	DS	NAME	<b>FWLER, C T</b>	7.1 TITLE		7.2 NAME		7.3 STREET ADDRESS		7.4 CITY - ST - ZIP	
STREET ADDRESS		400 LEVY RD		8.1 TITLE		8.2 NAME		8.3 STREET ADDRESS		8.4 CITY - ST - ZIP	
CITY - ST - ZIP		ATLANTIC BCH, FL 00000		9.1 TITLE		9.2 NAME		9.3 STREET ADDRESS		9.4 CITY - ST - ZIP	
TITLE		NAME		10.1 TITLE		10.2 NAME		10.3 STREET ADDRESS		10.4 CITY - ST - ZIP	
STREET ADDRESS				11.1 TITLE		11.2 NAME		11.3 STREET ADDRESS		11.4 CITY - ST - ZIP	
CITY - ST - ZIP				12.1 TITLE		12.2 NAME		12.3 STREET ADDRESS		12.4 CITY - ST - ZIP	
TITLE		NAME		13.1 TITLE		13.2 NAME		13.3 STREET ADDRESS		13.4 CITY - ST - ZIP	
STREET ADDRESS				14.1 TITLE		14.2 NAME		14.3 STREET ADDRESS		14.4 CITY - ST - ZIP	
CITY - ST - ZIP				15.1 TITLE		15.2 NAME		15.3 STREET ADDRESS		15.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* 4/25/97 904

CR2E034 (9/96)