

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PH 2:04

DOCUMENT # H17385 (6)

1. Corporation Name

AMELIA GLASS & BUILDING SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1900 S. 8TH ST PO BOX 912 FERNANDINA BEACH FL 32034	Mailing Address 1900 S. 8TH ST PO BOX 912 FERNANDINA BEACH FL 32034
--	--

3. Date Incorporated or Qualified 08/20/1984	3a. Date of Last Report 05/12/1994
--	--

2. Principal Place of Business 21. 1951 S. 8th St	2a. Mailing Address 26. 1951 South 8th St.	4. FEI Number 59-2431801	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. P.O. Box 912	27. Suite, Apt. #, etc. P.O. Box 912	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Fernandina Beach, FL	28. City & State Fernandina Beach, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 32035	25. Country Nassau	29. Zip 32035	30. Country Nassau

9. Name and Address of Current Registered Agent COLLINS, DANIEL J. 1900 S. 8TH ST FERNANDINA BEACH FL 32034		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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME COLLINS, DANIEL J.	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RT. 1 BOX 138B	CITY-ST-ZIP FERNANDINA BEACH FL	1.2 NAME Collins, Daniel J.	
		1.3 STREET ADDRESS 4294 Nassau River Rd.	
		1.4 CITY-ST-ZIP Fernandina Beach, FL 32034	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 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: *[Signature]* **1/23/95 904-261-9780**
INITIALS AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE PHONE NUMBER