

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90053 036 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H28744

1. Corporation Name
ROOT GLASS CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 525 FENTRESS BLVD
 P.O. BOX 2860
 DAYTONA BEACH FL 32114
 US

Mailing Address
 P O BOX 2860
 P.O. BOX 2860
 DAYTONA BEACH FL 32120-2860
 US

3. Date Incorporated or Qualified
11/06/1984

4. FEI Number
59-2868816

5. Certificate of Status Desired Applied For
 Not Applicable **\$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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
WILLIAM J. VOGES, ESQUIRE
525 FENTRESS BOULEVARD
DAYTONA BEACH FL 32114

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROOT, SUSAN S.	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROOT, CHAPMAN J., II	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DIITBENNER, EILEEN M	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VOGES, WILLIAM J.	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VOGES, WILLIAM J.	
1.3 STREET ADDRESS	525 FENTRESS BLVD.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAHAM, SUSAN ROOT	
2.3 STREET ADDRESS	525 FENTRESS BLVD.	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROOT, WILLIAM S.	
3.3 STREET ADDRESS	525 FENTRESS BLVD.	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROOT, R. CHRISTOPHER	
4.3 STREET ADDRESS	525 FENTRESS BLVD.	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROOT, JOHN S.	
5.3 STREET ADDRESS	525 FENTRESS BLVD.	
5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROOT, J. PRESTON	
6.3 STREET ADDRESS	525 FENTRESS BLVD.	
6.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	

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 empowerer.

SIGNATURE: Chapman J. Root 4/21/99 904-258-4700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)