

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H80700 (8)**

1. Corporation Name  
**MCDADE'S PITTSBURGH PAINT & GLASS, INC.**



Principal Place of Business: **C/O JACK C. MCDADE 620 W FAIRBANKS AVE WINTER PARK FL 32789**  
Mailing Address: **P. O. BOX 1509 WINTER PARK FL 32790 US**

2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	24. Country	29. Country
25. Country	30. Country		

3. Date Incorporated or Qualified <b>10/14/1985</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>59-2608260</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCDADE, DENNIS A.  
707 TIMOR AVE  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 of individual named as registered agent in Block 9 (if applicable)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13.
TITLE	<b>P</b>	1.1 TITLE
NAME	<b>MCDADE, DENNIS A.</b>	1.2 NAME
STREET ADDRESS	<b>707 TIMOR AVE</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>ST</b>	2.1 TITLE
NAME	<b>MCDADE, SANDRA L.</b>	2.2 NAME
STREET ADDRESS	<b>1158-C CALLE DEL NORTE</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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)(b), 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: *Sandra L. Mcdade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/96*  
*407-644-4022*

CR2E034 (12/95)