

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J62118**

(1)

1. Corporation Name

SANTA ROSA GLASS, INC.



Principal Place of Business

**4333 AVALON BLVD
P.O. BOX 3696
MILTON FL 32572**

Mailing Address

**4333 AVALON BLVD
P.O. BOX 3696
MILTON FL 32572**

3. Date Incorporated or Qualified

03/06/1987

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2770686

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMS, JAMES M.
3133 WATERVIEW DR
MILTON FL 32583**

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
SIMS, JAMES M.
3133 WATERVIEW DRIVE
MILTON FL**

☐ DELETE

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**DV
BAGGETT, NATHAN C.
4576 WOODBINE ROAD
PACE FL**

☐ DELETE

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

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☐ Change ☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ 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)(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

Nathan Baggett **NATHAN BAGGETT**

1-26-95

(904) 623-3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1)

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