

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # J74988 (3)

1. Corporation Name

ADVANTAGE GLASS & SUPPLY, INC.

Principal Place of Business

Mailing Address

230 POWER CT UNIT 6  
SANFORD FL 32771

230 POWER CT UNIT 6  
SANFORD FL 32771



2. Principal Place of Business

2a. Mailing Address

21 230 Power Ct.

26 230 Power Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite - 160

27 Suite - 160

City & State

City & State

23 Sanford Fl.

28 Sanford Fl.

Zip

Country

Zip

Country

24 32771

25

29 32771

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

06/09/1995

4. FET Number

59-2804446

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

10. Name and Address of New Registered Agent

NIELSEN, JAMES E. JR  
715 MALLARD DR  
SANFORD FL 32771

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 607.1508, 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 type for person named (change agent or director) (Not for Agent signature unless authorized)

(Not for Agent signature unless authorized)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME NIELSEN, JAMES E. JR  
STREET ADDRESS 715 MALLARD DR  
CITY-ST-ZIP SANFORD FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE DV  
NAME NIELSEN, GINA  
STREET ADDRESS 715 MALLARD DR  
CITY-ST-ZIP SANFORD FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE DS  
NAME THOMPSON, CLAUDIA  
STREET ADDRESS 727 MALLARD DRIVE  
CITY-ST-ZIP SANFORD FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE DT  
NAME THOMPSON, ARNOLD  
STREET ADDRESS 727 MALLARD DRIVE  
CITY-ST-ZIP SANFORD FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature Printed Name

CR2E034 (12/95)