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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(8)

EMERALD COAST GLASS AND MIRROR, INC.

EMERINE CONOT GENERO THE INITIAL THE							
Principal Place of Business Mailing Address							
5123 GULF BA GULF BAEEZE		5123 GULF BREEZ GULF BREEZE FL					
				Date Incorporated or Qualified 07/16/1987	3a. Date o 05	of Last Re /01/19	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-2827125			Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired			Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ	Country	Zip	Cauntry	8. This corporation has liability for it		under s	199.032,
24	25	29	30	Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered A	gent	
			81 Name				
	G. CURTIS		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)		
1438 CO	LLEGE PKWY.						
GULF BREEZE FL 32561							
			84 Orty		P=1	85 Zı	o Code
				ration submits this statement for the pur	FL	ببل	
SIGNATURES	gnature. Ispection prainted name of registere Level OF FIGERS Aft	a arcince happinable ND DIRECTORS	PIOTE Registred April signification recommends	ADDITIONS/CHANGES TO OFF			
TYTLE	PTD	☐ DELETE	1 1 1016			Change	Addition
NAME	CURTIS, WILLIAM G.		1.2 NAME				
STREET ADDRESS	1438 COLLEGE PKWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL		1.4 C-TY-ST-Z:P				
THILE	SD	☐ DELETE	2 1 TITLE			Change	Addition
NAME	MORRIS, CHARLES J.		2.2 NAME				
STREET ADDRESS	1438 COLLEGE PKWY		2.3 STREET ADDRESS				
CITY - ST - ZIP	GULF BREEZE FL		2 4 CITY - ST - ZIP			Change	(T) Addition
TITLE		☐ DELETE	3 1 TILLE		L	Change	Addition Addition
NAME			3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	3.4.01Y S1-216 4.1.14F		Г	Change	Addition
NAME		_ certic	4 2 NAME		_	-	_
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST- ZIP			4.4 CITY - ST - ZiP				
TITLE		DELETE	5 1 TITLE] Change	Addition
NAME			5.2 NAME				
STREET ADORESS			5 3 STREET ADDRESS				
CITY-SI-ZIP			5.4 City - St - ZiP				
TIFLE		Dêlete	6 I THLE] Cnange	☐ Add₁tion
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY - ST - ZIP		07:0:11 6:		
certify that oath; that !	the information indicated on this an	nual report or supplementa paration or the receiver or t	l annua! report is true and accur rustee empowered to execute t	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	e same legal e	mect as i	it made under

SIGNATURE: Mallaum & Punto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 904 93 2 3619