

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J92896** (6)
1. Corporation Name
HOWELL GLASS & MIRROR, INC.

APPROVED AND FILED
95 MAY - 1 11 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **21316 COAKLEY LANE, LAND O' LAKES FL 34639, US**
Mailing Address: **P.O. BOX 1837, LAND O' LAKES FL 34639**

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

3. Date Incorporated or Qualified: **09/09/1987**
3a. Date of Last Report: **08/25/1994**
4. FEI Number: **59-2841170**
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
**HOWELL, STEPHEN G.
21316 COAKLEY LN
LAND O' LAKES FL 34639**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWELL, STEPHEN G.
STREET ADDRESS	21316 COAKLEY LN
CITY, ST, ZIP	LAND O' LAKES FL 34639
TITLE	SD
NAME	HOWELL, DAWN E.
STREET ADDRESS	21316 COAKLEY LN
CITY, ST, ZIP	LAND O' LAKES FL 34639
TITLE	VP
NAME	HOWELL, TIMOTHY
STREET ADDRESS	21316 COAKLEY LN
CITY, ST, ZIP	LAND O LAKES FL 34639
TITLE	T
NAME	HOWELL, THOMAS
STREET ADDRESS	21316 COAKLEY LN
CITY, ST, ZIP	LAND O LAKES FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law now 119.027, 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. I am an officer or director of this corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment to my address.

SIGNATURE: *Stephen G Howell* **STEPHEN G HOWELL** 27 APR 95 813 948 3606
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR