FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K13938** **(1)**

1. Corporation Name

FLORIDA GLASS & ALUMINUM, INC.

Principal Place of Business	Mailing Address
7851-B SUPPLEY DR. FT MYERS FL 33912 US	7851-B SUPPLEY DR. FT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) **02/05/1988**	3a. Date of Last Report **05/24/1994**
4. FEI Number **65-0029843**	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
7. Is this corporation currently qualified to do business in Florida? ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IVY, JAMES T. 7851-B SUPPLY DR FT MYERS FL 22812	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 Section 607.1007 and/607.1007, 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 607.325, Florida Statutes.

SIGNATURE: _____

12. OFFICER/S AND/OR DIRECTOR/S		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR/S IN 12.
TITLE	P	☐ Change ☐ Addition
NAME	IVY, JAMES T.	
STREET ADDRESS	7125 EMILY DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VS	☐ Change ☐ Addition
NAME	ESCKILSEN, GARY L.	
STREET ADDRESS	17485 ORIOLE RD.	
CITY-ST-ZIP	FT MYERS FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is validated, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/26/95 (813) 267-5888

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone #

0322837 CP