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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K31738

(3)

1. Corporation Name
K & R GLASS, INC.

Principal Place of Business

DELPH STAINED GLASS
3825 N. HARBOR CITY BLVD.
MELBOURNE FL 32935
US

Mailing Address

100 RIALTO PL
STE 510
MELBOURNE FL 32901-3074
US

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2961217

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

2. Principal Place of Business

21 C/O RALPH & KATHIE LAMBERT
Suite, Apt. #, etc.

22 3520 SPARROW LANE

23 City & State
MELBOURNE, FL.

24 Zip 32935 Country U.S.

2a. Mailing Address

26 C/O RALPH & KATHIE LAMBERT
Suite, Apt. #, etc.

27 3520 SPARROW LANE

28 City & State
MELBOURNE, FL.

29 Zip 32935 Country U.S.

9. Name and Address of Current Registered Agent

BOYD, JOEL E.
100 RIALTO PL
STE 510
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☒ DELETE

NAME LAMBERT, RALPH L.
STREET ADDRESS 593 CRYSTAL LAKE DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE DP ☒ DELETE

NAME LAMBERT, KATHLEEN M.
STREET ADDRESS 593 CRYSTAL LAKE DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DST ☒ Change ☐ Addition

12 NAME LAMBERT, RALPH L.
13 STREET ADDRESS 3520 SPARROW LANE
14 CITY-ST-ZIP MELBOURNE, FL. 32935

21 TITLE DP ☒ Change ☐ Addition

22 NAME LAMBERT KATHLEEN M.
23 STREET ADDRESS 3520 SPARROW LANE
24 CITY-ST-ZIP MELBOURNE, FL. 32935

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: [Signature] 4/20/97 400 242 0492

CR2E034 (9/96)