

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K47976** (1)

1. Corporation Name

TAB GLASS & WINDOW COMPANY, INC.

Principal Place of Business

Mailing Address

**2222 1ST AVENUE SOUTH
ST. PETERSBURG FL 33712
US**

**2222 1ST AVENUE SOUTH
ST. PETERSBURG FL 33712
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

11/30/1988

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2918576

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. 190.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 type: If printed, must be signed agent and not applicable.

(If 101 Registered Agent signature required, when not applicable, leave blank.)

Date

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **TIERNEY, WILLIAM R JR**
STREET ADDRESS **261 E. GROVE ST.**
CITY-ST-ZIP **CLARKS SUMMIT PA**

TITLE **DS** ☐ DELETE
NAME **TIERNEY, CHERYL**
STREET ADDRESS **261 E. GROVE STREET**
CITY-ST-ZIP **CLARKS SUMMIT PA**

TITLE **V** ☐ DELETE
NAME **WERTZ, JOHN R**
STREET ADDRESS **14810 RUE DE BAYONNE**
CITY-ST-ZIP **CLEARWATER 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME **WERTZ, JOHN R**
33 STREET ADDRESS **6251 SHORELINE DRIVE #2206**
34 CITY-ST-ZIP **ST PETERSBURG, FL 33708**

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J.R. Wertz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.R. Wertz, Vice Pres. - 7/5/96

813-323-7040

CR2E034 (3/96)