

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 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 # K62507

(4)

1. Corporation Name

COMMERCIAL GLASS PRODUCTS, INC.

Principal Place of Business

Mailing Address

C/O J. PAUL MYERS
1705 SOUTH DIVISION AVENUE
ORLANDO FL 32805

C/O J. PAUL MYERS
1705 SOUTH DIVISION AVENUE
ORLANDO FL 32805-4727



3. Date Incorporated or Qualified

02/01/1989

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, J. PAUL
1705 SOUTH DIVISION AVENUE
ORLANDO FL 32805

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 of and typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D MYERS, J. PAUL
STREET ADDRESS
1705 S. DIVISION AVENUE
CITY - ST - ZIP
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D MYERS, NORA LEE
STREET ADDRESS
1705 S. DIVISION AVENUE
CITY - ST - ZIP
ORLANDO FL

1.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0068943

CR2E034 (9/96)