SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT 16 PM 12: 05

DOCUMENT # K76663 (9)						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ACCURATE FIBERGLASS, INC.						1/464	,AllMooner		
Principal Place of Business Mailing Address									
215 MAPLE ST			215 MAPLE ST			*			
P. O. BOX 599 OAK HILL FL 32759-7599			P. O. BOX 599 OAK HILL FL 32759-7599			,	DA NAT WOITE II	N TUIN ADAOF	
US			US			3. Date Incorporate	DO NOT WRITE II	N THIS SPACE. 3a. Date of Las	st Report
						03/30/1989	0.000	04/29/199	
2. Principal Place of Business			2a. Malling Address			4. FEI Number			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-2960293		60 7	Not Applicable
22			27			Certificate of State	tus Desired		5 Additional Required
City & State			City & State			6. Election Campaig	gn Financing	\$5.0	00 May Be
23			28			Trust Fund Contribution Added to Fees			
Zip 24	Country 25		Zip Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
D. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
SPROLES, BILLY W. 81 Name									
215 MAPLE STREET OAK HILL FL 32759			82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
OAR THEE PE 32709				83					***
				84	City			85 Z	ip 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 register 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.									g its registered as registered
agent. I a SIGNATURE		ccept the obligation	s at, Section 607.0505, F	lorida Statute	s.		101	1/4/q	7
					ent signature rec	ηυνεά whon reinstating)		D: 1/ E	
12.	I-D	OFFICERS AND DI	RECTORS DELETE	13.	r -	ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECT	
NAME	SPROLES, BILLY W. 215 MAPLE STREET OAK HILL FL			1.2 NAME				Ondin	je
STREET ADDRESS				1.3 \$1REE1	ADDRESS				^ .
CITY-ST-ZIP			<u></u>	1.4 C(1Y-5	51 - ZIP				$\lambda $
TITLE			☐ DELETE	2.1 TITLE			-		>>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME STREET ADDRESS	:			2.2 NAME	ADDRESS	REINSTATEMENT ON NOTE			
CITY-ST-ZIP				2.3 STREET 2. 4 CITY-	1	••••••		-	
TITLE			DELETE	3.1 TITLE	07 En			Chang	ge Addition
NAME				3.2 NAME		armir armir armir	grand grand water speeds on	ייי לים ורון לים כי מייי לים ורון לים כי	·
STREE ADDRESS					ADDRESS	buu	00232 -10/21/97	::::::::::::::::::::::::::::::::::::::	-002
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NAME				4 2 NAME	1000000				
STREET ADDRESS CITY-ST-ZIP				4.3 STREET					
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NAME				5.2 NAME					,,
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	1-2IP	-			
TITLE			DELETE	6.1 TITLE				☐ Chang	e Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				6.4 CHY-S	1 - Z(P				

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 eath; 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.

904-409-3730