

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L77969**
1. Corporation Name
JADEN GLASS Corporation

dba: Tommy's Glass And Mirror

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **5 APR 1989** 3a. Date of Last Report **1996**

2. Principal Place of Business
21 **2817 Hwy 77**
Suite, Apt #, etc.

2a. Mailing Address
26 **Box 1408**
Suite, Apt #, etc.

4. FEI Number **59-2941551**
Applied For Not Applicable

22 City & State
PANAMA City, FL.

27 City & State
LYNN HAVEN, FL.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country
32405 USA

28 Zip Country
32444 USA

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32405** 25 **USA**

29 **32444** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

Derrick Bennett
112 E. 3rd Court
PANAMA City, FL. 32401

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Dennis Johnson**
CITY-STATE-ZIP **4033 Osprey Point**
PANAMA City, FL. 32409
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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*****165.00**
5/14/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **Dennis Johnson, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS JOHNSON, Pres.

5/9/97 **904-769-3325**
Date Daytime Phone #

Letter # **797A 00023497**

CR2E034 (9/96)