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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT

 FLORIDA DEPARTMENT OF STATE
 Sandy B. Morham,
 Secretary of State
 DIVISION OF CORPORATIONS
 1995 4-25-95 B-4401

DOCUMENT # **K81115 (3)**
 1. Corporation Name
WILLIAM GLASS REALTY INC.

Principal Place of Business Mailing Address
 P.O. BOX 755 P.O. BOX 755
 LA BELLE FL 33935 LA BELLE FL 33935

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **04/18/1989** 3a. Date of Last Report **04/26/1994**
 4. FEI Number **65-0116315** 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
 6. This corporation has liability for a franchise fee under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BARBER, MARGARET A.
 4274 FORT ADAMS AVE.
 LA BELLE FL 33935**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | PO |
| NAME | GLASS, WILLIAM A. |
| STREET ADDRESS | AQUA ISLES G-14 |
| CITY - ST - ZIP | LA BELLE FL |
| TITLE | DVS |
| NAME | GLASS, MARY V. |
| STREET ADDRESS | AQUA ISLES G-14 |
| CITY - ST - ZIP | LA BELLE FL |
| TITLE | AMT |
| NAME | BARBER, MARGARET A. |
| STREET ADDRESS | 4274 FORT ADAMS RD. |
| CITY - ST - ZIP | LA BELLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PST |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret A. Barber 4-6-95 813 675-5968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET A. Barber 813 675-7600