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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
97 JUN 27 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K84892 (4)

1. Corporation Name
PALATKA GLASS & SUPPLY, INC.

Principal Place of Business	Mailing Address
629 HWY 19 S 808 ST. JOHNS AVENUE PALATKA FL 32177 US	629 HWY 19 S 808 ST. JOHNS AVENUE PALATKA FL 32177-4648 US

2. Principal Place of Business	2a. Mailing Address
21 707 HWY 19 S	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State PALATKA FL	28 City & State
24 Zip 32177 / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 05/02/1989
3a. Date of Last Report: 01/29/1996
4. FEI Number: 59-2957074 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

TUMLIN, REGINALD H.
629 HWY 19 S
PALATKA FL 32177

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TUMLIN, REGINALD H.	
STREET ADDRESS	629 HWY 19 S	
CITY-ST-ZIP	PALATKA FL	
TITLE	VP	☐ DELETE
NAME	SIMS, JEFFREY	
STREET ADDRESS	HUNTER ROAD	
CITY-ST-ZIP	HOLLISTER 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	300002227093---5	
2.3 STREET ADDRESS	-06/30/97--01170--023	
2.4 CITY-ST-ZIP	****165.00 ****165.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: