FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L31850** **(5)**

1. Corporation Name

ON TIME GLASS, INCORPORATED

Principal Place of Business	Mailing Address
1840 BALDWIN BLDG B. UNIT 4 ROCKLEDGE FL 32955	1840 BALDWIN BLDG B. UNIT 4 ROCKLEDGE FL 32955

3. Date Incorporated or Qualified: **11/21/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 3375 GREENVILLE ST
22: Suite, Apt. #, etc.
23: City & State: COCOA FL
24: Zip: 32926
25: Country: USA

2a. Mailing Address
26: 3375 GREENVILLE ST
27: Suite, Apt. #, etc.
28: City & State: COCOA FL
29: Zip: 32926
30: Country: USA

4. FEI Number: **59-2978420** ☐ 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

SPRINGMAN, MICHAEL
823 TOPAZ DR.
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3375 GREENVILLE ST
83:
84 City: COCOA FL 85 Zip Code: 32926

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SPRINGMAN, MICHAEL		1.2 NAME		
STREET ADDRESS	823 TOPAZ DR.		1.3 STREET ADDRESS	3375 GREENVILLE ST	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	COCOA FL 32926	
TITLE	PST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SPRINGMAN, MICHAEL		2.2 NAME		
STREET ADDRESS	823 TOPAZ DR.		2.3 STREET ADDRESS	3375 GREENVILLE ST	
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP	COCOA FL 32926	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Michael E Springman — Michael E Springman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-30-96 Daytime Phone #: 407 639-2601