

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

DOCUMENT # **L69804** (7)  
1. Corporation Name  
**THE GLASS MECHANIX OF S.W. FLA., INC.**



Principal Place of Business Mailing Address  
**C/O DENNIS S. GOLD**  
**2335 TAMiami TRAIL NORTH, STE. 301**  
**NAPLES FL 33940**

3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **12/09/1996**  
4. FEI Number **65-0193802** 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

2. Principal Place of Business 2a. Mailing Address  
21 **c/o Dennis S. Gold** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **2335 Tamiami Trail No., #301**  
City & State City & State  
23 **Naples, FL** 28  
Zip Country Zip Country  
24 **34103** 25 **USA** 29 30

9. Name and Address of Current Registered Agent

**GOLD, DENNIS S**  
**2335 TAMiami TRAIL NORTH**  
**SUITE 301**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name **Dennis S. Gold**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2335 Tamiami Trail North, Suite 301**  
83  
84 City **Naples** FL 85 Zip Code **34103**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GITTINS, DAVID B	2758 FOUNTAINVIEW CIR 208	NAPLES FL	<input type="checkbox"/>
S	GITTINS, JUDITH K	2758 FOUNTAINVIEW CR #208	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE
D	David B. Gittins	2758 Fountainview Circle, #208	Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	Judith K. Gittins	2758 Fountainview Circle, #208	Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**DAVID B. GITTINS** 4-29-97 1-800-334-9389

CR2E034 (9/96)