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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90842

(0)

RODGER'S MOBILE GLASS WORKS, INC.

Principal Place of Business Mailing Address

1406 SE 28TH TERRACE 1406 SE 28TH TERRACE

FILED May 20 1997 8:00am Secretary of State



1406 SE 28TH TERRACE CAPE CORAL FL 33904-3917				1406 SE 28TH TERRACE CAPE CORAL FL 33904-3917											
				:			: :			3. Date Incorporated or Qualified 07/06/1990		Date of Last Report 8/09/1996			
2. Principal Place of Business				2a, Mailing Address			*-{-·			4. FEI Number				plied For	
21				26			·			65-0213833				t Applicable	}
Suite, Apt. #, etc.				Suite, Apt. #, etc.			:						3.75 Additional Fee Required		
City & State				City & State			·								-
23				28						6. Election Campaign Financing \$5.0 Trust Fund Contribution Adde			00.0	May Be to Fees	
Zip	Country			~) **** ** * * **** ** * * * * * * * * *		Country			This corporation has liability for intangible tax under						
24	25			29	g					Florida Statules Yes No					
1			i	gistered Agent					10. Name and Address of New Registered Agent						
HARI	RISON, SIM	ON M.					81	Name							
1406 SE 28TH TERR.				:			82	Stroot A	Addres	ss (P.O. Box Number is Not Acceptab	lo)				
CAPE CORAL FL 33914							"-	Guoden	iddio.	oo (i .o. box (formor is fformbooptas	.0,				
							83	Į.							
							84	City			FL	85	Zip (Code	
11. Pursuant I	to the provisi	ons of Section	is 607.0502 a	nd 6	307.1508, Florida Statu	les, the	i L e above	le-named «	corpo	ration submits this statement for the p		LLII. chanc	aina it	s registered	
office or re agent. I as	egistered ag m tamiliar wil	ent, o r both, in h. and accep	i the State of Lthe obligatio	Flori Ins o	ida. Such change was if. Section 607.0505. Fl	author Iorida S	iżed by Statute:	the corp	oratio	ration submits this statement for the p n's board of directors. I hereby accep	of the app	oinlmē	nt as	registered	
SIGNATURE		on and a	. The examples		., 000101 001 10200 11										
SIGNATURE	Signature, typed		registered agent ar			It Regis	tered Apo	nt signature	required	(when reinstating)	DA1E				
12.		OFI	ICERS AND D)IRE			3.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_			
TITLE	D	2000			☐ DELEIE		.1 TITLE					L.) Ch	ange	Addition	ˈ ĝ
NAME	MOSS, RO						.2 NAME								2
STREET ADDRESS	CAPE CO	28TH TERR.				•		ADDRESS							إزا
CITY-ST-ZIP	D CAPE CO	TVAL FL			DELFTE		.4 CHY - S : 1 THE	I - ZIP				Ch	2006	Addition	<u>.</u>
TITLE NAME	_	AM A			בן מנוונ	1	2 NAME					اللا ليا	ange	Addition	۱,
STREET ADDRESS	MOSS, JOAN A. 1 1406 SE 28TH TERR							ADDDCĆE							
1	CAPE CORAL FL							2.3 STREET ADDRESS 2.4 CITY-S1-ZIP							
CITY-ST-ZIP TITLE	ONILOO	IVILIE			DELETE		TITLE	51-71				Ch	ange	Addition	-
NAME					<u></u>	1	2 NAME					و ر	o. go		
STREET ADDRESS						1	1	ADDRESS							
CITY-ST-ZIP						1	4. CITY-								
TITLE					☐ DELETE		THLE					☐ Ch	ange	Addition	, T
NAME						4	. P NAME						•		
STREET ADDRESS						4	.3 STREET	ADDRESS							
CITY-ST-ZIP						4	4 011Y - S	1 - ZIP							
TITLE					DELETE	5	.(THLE					Ch	ange	Addition	1
NAME						5	.2 NAME								
STREET ADDRESS						5	.\$ STREET	ADDRESS							
CITY-ST-ZIP						5	4 CITY-S	I - Z IP							
TITLE					☐ DELETE	6	TITLE					☐ Ch	ange	Addition	-
NAME						6	2 NAME								
STREET ADDRESS						6	.\$ STREET	ADDRESS							
CITY-ST-ZIP					6.4 C			I - 7IP							
14 Ldo heret	by cartify that	the informati	an eumahad w	all b	ble filing done not augl	du for	lho ove	motion el	lated i	a Section 110 07/9Vi) Florida Stalular	Linkhor	cortife	disal	tha	\neg

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 atlachment with an address.

SIGNATURE POLSEN WINDS

My Mm.

5-1-97 334-33