

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71609 (5)
1. Corporation Name
L. P. GLASS, INC.



Principal Place of Business 6390 ANDERSON WAY MELBOURNE FL 32940	Mailing Address 6390 ANDERSON WAY MELBOURNE FL 32940-7474
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1988		3a. Date of Last Report 03/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2879445		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent POPE, WILLIAM L. 491 SOUTH RIVEROAKS DRIVE INDIALANTIC FL 32903				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, WILLIAM L.			1.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, BRENDA L.			2.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			2.4 CITY-ST-ZIP			
TITLE	Y	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, BRENDA L.			3.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			3.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, WILLIAM L.			4.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, WILLIAM L.			5.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	POPE, BRENDA L.			6.2 NAME			
STREET ADDRESS	491 S. RIVEROAKS DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			6.4 CITY-ST-ZIP			

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: *Brenda L. Pope* Brenda L. Pope 4/15/97

CR2E034 (9/96)