SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # M72836

1. Corporation Name: North FL Glass & Mirror, Inc.

Principal Place of Business: 10 N.W. 2nd St, High Springs, FL

Mailing Address: PO Box 1376, Alachua, FL 32616

Amendment

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1988

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2878424 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Charles F. Stark
11718 N.W. 157 St.
Alachua, FL 32615

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		☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME			1.2 NAME	Charles F. Stark	
STREET ADDRESS			1.3 STREET ADDRESS	11718 N.W. 157 ST	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	2.1 TITLE	V. President	☑ Change ☐ Addition
NAME			2.2 NAME	Deborah Stark	
STREET ADDRESS			2.3 STREET ADDRESS	11718 N.W. 157 ST	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	3.1 TITLE	[redacted] Secretary	☐ Change ☑ Addition
NAME			3.2 NAME	Chad Johnson	
STREET ADDRESS			3.3 STREET ADDRESS	15704 N.W. 118 PL	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME			4.2 NAME	Virginia Johnson	
STREET ADDRESS			4.3 STREET ADDRESS	15704 N.W. 118 PL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Alachua FL 32615	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	800002643128	
STREET ADDRESS			5.3 STREET ADDRESS	-03/18/98--01039--048	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	~~-03/18/98--01039--048~~	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	~~***61.25~~	

CR2E034 (5/98)

14. I 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: [signature] 8/21/98