

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87734

1. Corporation Name

DIAMOND T. GLASS, INC.

Principal Place of Business

% BRIAN THIBODEAU
630 S.E. 13TH CT.
CAPE CORAL FL 33990

Mailing Address

% BRIAN THIBODEAU
630 S.E. 13TH CT.
CAPE CORAL FL 33990

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90068 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1988

4. FEI Number

65-0068160

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3039 SW 15TH PLACE

2a. Mailing Address

26 PO BOX 152108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CAPE CORAL FL

27 City & State

28 CAPE CORAL FL

24 Zip Country

33914

25 US

29 Zip Country

33915

30 US

9. Name and Address of Current Registered Agent

THIBODEAU, BRIAN
630 S.E. 13TH CT.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3039 SW 15TH PLACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33914

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 PD ☐ DELETE

NAME THIBODEAU, BRIAN

STREET ADDRESS 630 S.E. 13TH CT.

CITY-ST-ZIP CAPE CORAL FL

TITLE STD ☒ DELETE

NAME THIBODEAU, BRIAN

STREET ADDRESS 630 SE 13TH CT.

CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST ☒ Change ☐ Addition

1.2 NAME THIBODEAU, BRIAN

1.3 STREET ADDRESS 3039 SW 15TH PLACE

1.4 CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Thibodeau

1/27/99

941 542 3469

Daytime Phone #

CR2E034 (11/98)