

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N03752 (5)

1. Corporation Name

GLASS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 125
MT. DORA FL 32757-0125

Mailing Address

P.O. BOX 125
MT. DORA FL 32757-0125

3. Date Incorporated or Qualified

06/19/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2430769

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

CARSON, WILLIAM B.
1303 LIMIT AVENUE
MT. DORA FL 32757-0125

11 Name

12 Street Address (P.O. Box Number if applicable)

05/20/96-01065-043

***\$1.25

4 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SANDOR, KEN
1669 OLD DIXIE
VERO BEACH FL 32960

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
GAINES, JOE
2010 CURRY FORD ROAD
ORLANDO FL 32806

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PPD
BLAISDELL, JERRY
1000 RAILROAD AVENUE
TALLAHASSEE FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
STENGER, JIM
9542 BIRD ROAD
MIAMI FL 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MANZO, NETTIE
5687 MCINTOSH
SARASOTA FL 34233

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MILLIMAN, CHRIS
1865 82ND AVENUE
VERO BEACH FL 32960

☐ DELETE

Sam

13.

11 I
12 M
13 SET ADDRESS
14 CI-ST-ZIP
21 I
22 N
23 SET ADDRESS
24 CI-ST-ZIP
31 I
32 N
33 SET ADDRESS
34 CI-ST-ZIP
41 I
42 N
43 SET ADDRESS
44 CI-ST-ZIP
51 I
52 N
53 SET ADDRESS
54 CI-ST-ZIP
61 I
62 N
63 SET ADDRESS
64 CI-ST-ZIP

PAST-PREIDENT/DIRECTOR
KEN SANDOR
1669 OLD DIXIE HWY
VERO BEACH FL 32960
PRESIDENT/DIRECTOR
JOE GAINES
2010 CURRY FORD ROAD
ORLANDO FL 32806
VICE-PREIDENT/DIRECTOR
UTEPHEN P. TOTN
800 N. MAGNOLIA AVE #1300
ORLANDO FL 32803
DIRECTOR
DAVE MURBERT
PO BOX 16091 3700 St Johns Industrial PKWY
JACKSONVILLE FL 32216 32246
VICE PRES/DIRECTOR
Tommy LEE II
PO BOX 41146 142 Madison Ave
JACKSONVILLE FL 32202 32204

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is 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 empower execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 02/25/96 904 383-8098