

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/19/1984	3a. Date of Last Report 05/20/1996
		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			

9. Name and Address of Current Registered Agent CARSON, WILLIAM B. 1303 LIMIT AVENUE MT. DORA FL 32757-0125		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SANDOR, KEN 1669 OLD DIXIE HWY VERO BEACH FL 32960 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STD William B. Carson 1303 Limit Ave Mount Dora FL 32757 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAINES, JOE 2010 CURRY FORD ROAD ORLANDO FL 32808 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOTH, STEPHEN P 800 N MAGNOLIA AVE #1300 ORLANDO FL 32803 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPD Jim Sweetman 7030 N.W. 37th Ct. Miami FL 33147-6528 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, DAVE 3700 ST JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32248 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE II, TOMMY 142 MADISON AVE JACKSONVILLE FL 32202 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD 500002185925 -05/21/97--01006--004 ***61.25 ☒ Change ☐ Addition CS 5/19/97
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIMAN, CHRIS 1865 82ND AVENUE VERO BEACH FL 32960 ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Tim Trimble 6600 Suwannee Place Jacksonville FL 32254-2773 ☐ Change ☒ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B. Carson **SIGNATURE REQUIRED** 04/24/97 352 321-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014282

CR2E037 (9/96)