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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **N03752**

1. Corporation Name
GLASS ASSOCIATION OF FLORIDA, INC.

* 6 610587-90008-39

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 125<br>MT. DORA FL 32757-0125 | P.O. BOX 125<br>MT. DORA FL 32757-0125 |

2. Principal Place of Business
21 P.O. Box 950368
22 Suite, Apt. #, etc.
23 City & State: Lake Mary, Fl
24 Zip: 32746 25 Country: USA

2a. Mailing Address
26 169 Connestee Trail
27 Suite, Apt. #, etc.
28 City & State: Brevard, N.C.
29 Zip: 28712 30 Country: USA

3. Date Incorporated or Qualifed: 06/19/1984

4. FEI Number: 59-2430769 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: GARY SUMMERS
82 Street Address (P.O. Box Number is Not Acceptable): WILLIAM, SMITH, AND SUMMERS,PA
83 380 West Alfred Street
84 City: Tavares FL 85 Zip Code: 32778-3206

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: Gary L. Summers (Gary L. Summers) 8/26/99
Signature, typed or printed name of registered agent and title if applicable. (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 | PST<br>CARSON, WILLIAM B<br>1303 LIMIT AVE<br>MOUNT DORA FL 32757 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PST<br>CARSON, WILLIAM B<br>169 CONNESTEE TRAIL<br>Brevard, N.C. 28712 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>LABADIE, LARRY<br>4388 US HWY 1<br>VERO BEACH FL 32967 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Ch. | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>SWEETMAN, JIM<br>7030 N.W. 37TH CT<br>MIAMI FL 33147-6578 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>DOWNS, TERRY<br>1100 South Rio Grande Ave.<br>Orlando, Fl 32805 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HERBERT, DAVE<br>3700 ST JOHNS INDUSTRIAL PKWY<br>JACKSONVILLE FL 32246 | ☐ 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 | D<br>LEE II, TOMMY<br>142 MADISON AVE<br>JACKSONVILLE FL 32202 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>HANSEN, CHRIS<br>1161 Sun Century Road, Suite 1<br>Naples, Florida 34110 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRIMBLE, TIM<br>6600 SUEMAC PLACE<br>JACKSONVILLE FL 32254-2773 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 617, 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:** William B Carson REQUIRED 8/25/99 8888697961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)