FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # N43635 (4)

1. Corporation Name
CENTRAL FLORIDA GLASSAHOLICS, INC.

Principal Place of Business
BOX 2319
LAKELAND FL 33806

Mailing Address
BOX 2319
LAKELAND FL 33806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2436660 — Applied For / Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
Country: 25 / 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RICE, BRIDGET
550 YOUNG PL
LAKELAND FL 33803

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 _____
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	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WELSH, ROBERT A.	1.2 NAME		
STREET ADDRESS	2857 HAMMOCK DR	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	[redacted]	[redacted] Change ☐ Addition
NAME	MCCLURG, JILL	2.2 NAME		
STREET ADDRESS	26 HARDEN BLVD. #53	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	P D	☒ Change ☐ Addition
NAME	RICE, BRIDGET	3.2 NAME		
STREET ADDRESS	550 YOUNG PL	3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	LOWELL, MILDRED	4.2 NAME		
STREET ADDRESS	713 SUSAN DRIVE	4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKELAND FL 33803	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	WELSH, GINNY	5.2 NAME		
STREET ADDRESS	P.O. BOX 3548 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HOOKS, FRANKIE	6.2 NAME		
STREET ADDRESS	5745 POINCIANA AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Bridget R. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bridget R. Rice — President

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