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FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43635** (4)

1. Corporation Name

CENTRAL FLORIDA GLASSAHOLICS, INC.

Principal Place of Business

Mailing Address

**BOX 2319
LAKELAND FL 33806**

**BOX 2319
LAKELAND FL 33806**



3. Date Incorporated or Qualified

05/24/1991

4. FEI Number

59-2436660

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICE, BRIDGET
550 YOUNG PL
LAKELAND FL 33803**

81 Name **Petteway, Marian**

82 Street Address (P.O. Box Number is Not Acceptable)
5336 Glenmore Dr.

83 **Lakeland**

84 City

FL

85 Zip Code

33813

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

Marian Petteway

2-9-98

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	<input type="checkbox"/> DELETE
NAME	PETTEWAY, MARIAN	
STREET ADDRESS	5336 GLENMORE DR	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WITTERINGTON, WILBUR	
STREET ADDRESS	103 OAK SQUARE NORTH	
CITY-ST-ZIP	LAKELAND FL	

2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Quick, Milton	
2.3 STREET ADDRESS	2975 Shingle Creek Ct.	
2.4 CITY-ST-ZIP	Kissimmee, FL 34746	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, BRIDGET	
STREET ADDRESS	550 YOUNG PL	
CITY-ST-ZIP	LAKELAND FL	

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Giles, JoAnn	
3.3 STREET ADDRESS	400 Grimes Dr.	
3.4 CITY-ST-ZIP	Auburndale, FL 33823	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICE, BRIDGET	
STREET ADDRESS	550 YOUNG PLACE	
CITY-ST-ZIP	LAKELAND FL	

4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hooks, Frankie	
4.3 STREET ADDRESS	5745 Poinciana Ave.	
4.4 CITY-ST-ZIP	Lakeland, FL 33809	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOBSON, TED	
STREET ADDRESS	1100 OAKBRIDGE PKWY #119	
CITY-ST-ZIP	LAKELAND FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUICK, BARBARA	
STREET ADDRESS	2975 SHINGLE CREEK COURT	
CITY-ST-ZIP	KISSIMMEE FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frankie Hooks

2/9/98

CR2E037 (10/97)