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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000002513

1. Corporation Name

SUNSHINE STATE CARNIVAL GLASS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~6353 N.W. 39TH STREET~~ ~~CORAL SPRINGS FL 33067~~ 9087 BAYWOOD PARK DR. SEMINOLE, FL 33777	~~6353 N.W. 39TH STREET~~ ~~CORAL SPRINGS FL 33067~~ 9087 BAYWOOD PARK DR. SEMINOLE, FL 33777

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 04/27/1998

4. FEI Number: 65-0831311 ☐ 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

EVANS, CRAIG
6353 N.W. 39TH STREET
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name: JACKALYNN M. POUCHER
82 Street Address (P.O. Box Number is Not Acceptable): 9087 BAYWOOD PARK DR.
83
84 City: SEMINOLE FL 85 Zip Code: 33777

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: JACKALYNN M. POUCHER — 2/15/99
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	DP	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	EVANS, CRAIG	1.2 NAME	PAUL BERGMEIER
STREET ADDRESS	6353 N.W. 39TH STREET	1.3 STREET ADDRESS	486 SW 33RD AVE.
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, JAMES	2.2 NAME	
STREET ADDRESS	4400 GULF SHORE BLVD., N., #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POUCHER, JACKIE	3.2 NAME	
STREET ADDRESS	9087 BAYWOOD PARK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33777	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NIELSEN, JOHN	4.2 NAME	
STREET ADDRESS	2011 S.W. OAK RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: JACKALYNN M. POUCHER SIGNATURE REQUIRED — 2/23/99 — 727-398-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACKALYNN M. POUCHER