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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14054 (1)

1. Corporation Name
KIMBLE GLASS, INC.

Principal Place of Business 1022 SPRUCE ST VINELAND NJ 08360 US	Mailing Address 1022 SPRUCE ST VINELAND NJ 08360 US
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2. Principal Place of Business 21 537 CRYSTAL AVENUE	2a. Mailing Address 26 537 CRYSTAL AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VINELAND, NJ	City & State 28 VINELAND, NJ
Zip 24 08360	Country 25 USA
Zip 29 08360	Country 30 USA

3. Date Incorporated or Qualified 04/15/1987	3a. Date of Last Report 04/07/1994
4. FEI Number 22-2784102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPE	NAME GRIFFITH, L. A.	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1022 SPRUCE ST	CITY - ST - ZIP VINELAND NJ	1.2 NAME	1.3 STREET ADDRESS 537 CRYSTAL AVENUE
		1.3 STREET ADDRESS	VINELAND, NJ
		1.4 CITY - ST - ZIP	08360
TITLE V	NAME FRANCKUN, J. P.	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1022 SPRUCE ST	CITY - ST - ZIP VINELAND NJ	2.2 NAME	2.3 STREET ADDRESS 537 CRYSTAL AVENUE
		2.3 STREET ADDRESS	VINELAND, NJ
		2.4 CITY - ST - ZIP	08360
TITLE V	NAME VIGH D. A.	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1022 SPRUCE ST	CITY - ST - ZIP VINELAND NJ	3.2 NAME	3.3 STREET ADDRESS 537 CRYSTAL AVENUE
		3.3 STREET ADDRESS	VINELAND, NJ
		3.4 CITY - ST - ZIP	08360
TITLE S	NAME SAUERMILCH, T	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1022 SPRUCE ST.	CITY - ST - ZIP VINELAND NJ	4.2 NAME	4.3 STREET ADDRESS 537 CRYSTAL AVENUE
		4.3 STREET ADDRESS	VINELAND, NJ
		4.4 CITY - ST - ZIP	08360
TITLE AS	NAME BAEHREN, J. W.	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ONE SEAGATE	CITY - ST - ZIP TOLEDO OH	5.2 NAME	5.3 STREET ADDRESS 537 CRYSTAL AVENUE
		5.3 STREET ADDRESS	VINELAND, NJ
		5.4 CITY - ST - ZIP	08360
TITLE D	NAME LEMEX J. H.	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ONE SEAGATE	CITY - ST - ZIP TOLEDO OH	6.2 NAME	6.3 STREET ADDRESS V.P. RICHARD REDWINE
		6.3 STREET ADDRESS	537 CRYSTAL AVENUE
		6.4 CITY - ST - ZIP	VINELAND, NJ

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)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Weller* **NANCY WELLER** **4/3/95** **609/692-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR