

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14054 (1)**
1. Corporation Name
KIMBLE GLASS, INC.



Principal Place of Business Mailing Address
537 CRYSTAL AVENUE VINELAND NJ 08360 US

3. Date Incorporated or Qualified **04/15/1987** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 **537 Crystal Avenue** 26 **537 Crystal Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Vineland, NJ** 28 **Vineland, NJ**
Zip Country Zip Country
24 **08360** 25 **USA** 29 **08360** 30 **USA**

4. FEI Number **22-2784102** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has normally not been organized under Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, LA	1.2 NAME	Maclean, W.F.
STREET ADDRESS	537 CRYSTAL AVENUE	1.3 STREET ADDRESS	537 Crystal Avenue
CITY-ST-ZIP	VINELAND NJ	1.4 CITY-ST-ZIP	Vineland, NJ
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRANCKUN, J. P.	2.2 NAME	Weller, H.W. N.E.
STREET ADDRESS	537 CRYSTAL AVENUE	2.3 STREET ADDRESS	537 Crystal Avenue
CITY-ST-ZIP	VINELAND NJ	2.4 CITY-ST-ZIP	Vineland, NJ 08360
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGH D. A.	3.2 NAME	
STREET ADDRESS	537 CRYSTAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUERMILCH, T	4.2 NAME	
STREET ADDRESS	537 CRYSTAL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAEHREN, J. W.	5.2 NAME	600001789496
STREET ADDRESS	537 CRYSTAL AVENUE	5.3 STREET ADDRESS	-04/22/96--01102--006
CITY-ST-ZIP	TOLEDO OH	5.4 CITY-ST-ZIP	***200.00
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDWINE, RICHARD	6.2 NAME	
STREET ADDRESS	537 CRYSTAL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ	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 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: [Signature] 3/8/96 609/692-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)