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 # **P93000060705 (9)**

1. Corporation Name
E N TOWNSEND GLASS, INC.

Principal Place of Business
4186 KINGS HIGHWAY
UNIT 17
PORT CHARLOTTE FL 33952

Mailing Address
4186 KINGS HIGHWAY
UNIT 17
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: **08/26/1993**
3a. Date of Last Report: **03/08/1995**

4. FEI Number: **65-0441578** — 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 liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent
TOWNSEND, EUGENE N
25263 PADRE LANE
PORT CHARLOTTE FL 33983

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 Section 607.0122 and 607.1005, 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. The corporation has authorized the undersigned officers or directors to execute this statement, and the undersigned officers or directors have executed this statement. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOWNSEND, EUGENE N
STREET ADDRESS	25263 PADRE LANE
CITY-ST-ZIP	PORT CHARLOTTE FL 33983
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, and accompanying annual report fee, is true and complete for the purpose of fulfilling my duty to file annual reports and other documents as required by Florida Statutes. I further certify that the information indicated on this report or supplement is 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 is added in Block 13 with an addition.

SIGNATURE: Eugene N. Townsend — EUGENE N. TOWNSEND — 4-1-96 — 941 629 2125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)