FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068320 (9)**

1. Corporation Name
AMERICARIBBEAN STAINED GLASS ETC., INC.

Principal Place of Business	Mailing Address
ROUTE 6, BOX 96 EAST SHORE DRIVE SUMMERLAND KEY FL 33042 US	POST OFFICE BOX 420638 SUMMERLAND KEY FL 33042 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 86700 Overseas Hwy	26 P.O. Box 169
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Islamorada, FL	28 City & State: Islamorada, FL
24 Zip: 33036 25 Country: U.S.A.	29 Zip: 33036 30 Country: U.S.A.

4. FEI Number: 65-0442975 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J. CAROL PLACKO-CHILSON ROUTE 6, BOX 96 EAST SHORE DRIVE SUMMERLAND FL 33042	81 Name: J. Carol Placko-Chilson 82 Street Address (P.O. Box Number is Not Acceptable): 86700 Overseas Hwy 83 84 City: Islamorada FL 85 Zip Code: 33036

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	VTD ☒ Change ☐ Addition
NAME	CHILSON, JOHN	1.2 NAME	Chilson, John
STREET ADDRESS	P.O. BOX 420638 N/A	1.3 STREET ADDRESS	86700 Overseas Hwy
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	PSD	2.1 TITLE	PSD ☒ Change ☐ Addition
NAME	PLACKO-CHILSON, J. CAROL	2.2 NAME	Placko-Chilson, J. Carol
STREET ADDRESS	P.O. BOX 420638 N/A	2.3 STREET ADDRESS	86700 Overseas Hwy
CITY-ST-ZIP	SUMMERLAND KEY FL	2.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. C. Placko-Chilson 4-14-95 (305) 853-0280
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #