## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000078893 (3)

FIBERGLASS SOLUTIONS INTERNATIONAL MANUFACTURING . INC.

## **FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					( 30011001 110 70100 11111 00111 00111 00111 00111	Tert indes leten inten inten felt silb!
2252 TONIWOOD LANE 2181 34TH WAY N. PALM HARBOR FL 34685 LARGO FL 33771						
PALM HARBO	OH FL 34085	LARGO FL 33771		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					11/16/1993	
2. Principal Place of Business 2a, Mailing Address			h . i 13		4. FEI Number	Applied For
21	26 2323 34th U			ν	59-3339087	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			J		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	27			····		Fee Required
23	28 hargo F1				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country	,	8. This corporation owes or has paid the	
24	25 29 3.371 30		o]		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer			<del></del>	10. Name and Address of New Regist	ered Agent
MORRIS, ANDREW J				Name		
	52 TONIWOOD LANE		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PA	LM HARBOR FL 34685		L			
			83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 (502 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 Signature, type For private name or rigistured upon and title if applicable (NOTE: Registered Agont signature required when reinstating)  DATE						
12.	OFFICERS AN		13.	on algriatore requ	ADDITIONS/CHANGES TO OFFICER	
TITLE	PSTD	DELETE 1.1 TI		<u>-</u>	ABBITIONS/OFFAIRALD TO OFFICE III	Change Addition
NAME	MORRIS, ANDREW J	S, ANDREW J				- "
STREET ADDRESS	AACA TANKKAAA LANC		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-S	T-ZIP		
TITLE	☐ DELETE 2.11		2.1 TITLE			Change Addition
NAME	2.2		2.2 NAME			
STREET ADDRESS	2		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - 9	ST - ZIP		
TITLE	OELETE 3.1		3.1 TITLE			Change Addition
NAME	3.2		3.2 NAME	1		
STREET ADDRESS	RESS 3.3		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY- S	ST - ZIP		
TITLE	DELETE 4.1 TI		4.1 TITLE			☐ Change ☐ Addition
Name			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	1		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	T- ZIP		

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