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

PROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham May 14 1997 8:00 am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 4000003716 **DOCUMENT #** Fiberglass 1, Inc. 14065 N. Miller Dr 2. Proposal Place of Business Applied For Not Applicable Suite, Apr. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the accept the appointment as registered accept the acce 11. Persu agent SIGNATU Registered Agent signature required when reinstating) ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME NAM 33410 13 STREET ADDRESS STREET ADJURES! 1.4 CITY - \$1 - 7/P OHY 51 78 2.1 TITLE Change Addition DOE 22 NAME NAME 23 STREET ADDRESS STHEET ADD. 50. 2 4 CITY-ST-ZIP $f(\cdot [\gamma \cdot 51 \cdot \beta])$ DELETE Change Addition 3.1 TITLE 111.₹ 3.2 NAME 1300 3.3 STREET ADDRESS STALLET ASSOCIATION 3 4. CITY-ST-ZIP CITY ST ZIE DELETE ☐ Change Addition 4.1 TITLE 1116 HAM! 4. 2 NAME STREET ARCHIOS 4.3 STREET ADDRESS 44 CHY-ST-ZIP 0119 51 7 -DELETE Addition 51 THILE 14. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ALTONOMS 5.4 CITY-S1-ZIP DELETE Addition 61 TITLE DELE 300002190403 -05/23/97--01123--010 632 6.2 NAME 6.3 STREET ADDRESS 5 800 40 80 50 upplied with this filtrig does not qualify for the exemption stated in Section 119 07(3)(1). Florida Statutes. I further certify that the put or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the new review or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and state through this preferes. for hereby certify intornat ori ้ากองเส SIGNATURE: