

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048865 (7)

1. Corporation Name
ACME GLASS COMPANY

Principal Place of Business

100 WEST COLONIAL DRIVE
ORLANDO FL 32801

Mailing Address

100 WEST COLONIAL DRIVE
ORLANDO FL 32801



2. Principal Place of Business

21 2325 N. Orange Blossom Trail
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

22 City & State

23 Orlando FL

24 Zip

32804

25 Country

US

27 City & State

28 Orlando FL

29 Zip

32801

30 Country

US

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/01/1995

4. FFI Number

59-3275831

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

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and for it is acceptable.

Signed in
error

4-8-96

12. OFFICERS AND DIRECTORS

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY- ST- ZIP

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY- ST- ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY- ST- ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
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13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY- ST- ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 407 841-4330
Date Daytime Phone #

CR2E034 (12/95)