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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400063841 (8)**

PERFECTION GLASS & WINDOW, INC.

Principal Place of Business Mailing Address P.O. BOX 819 P.O. BOX 819 ONECO FL 34264-0819 ONECO FL 34264-0819 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1994 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0511258 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for inlangible tax under s. 199.032, Yes No 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RACE, THOMAS Name 1612 58TH DR W 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agont and title if applicable (NOTE: Figgistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 11 100 Change Addition TITLE RACE, THOMAS THOMAS F. RUCE - PRES. NAME 1.2 NAME P.O. BOX 819 STREET ADORESS 1612-58th AVE DR. W. 1.3 STREET ADDRESS ONECO FL 34264-0819 CITY-ST-ZIP 1.4 CiTY - \$1 - ZIP BRADENTUN FL 34207 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2.NAM8 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 THE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3:51REE1 ADDRESS CITY-ST-ZIP 4.4 CHY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 61TITLE NAME G 2 NAME 6.3 BIREE1 ADDRESS STREET ADDRESS

14. I do 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 trusted 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