

**CORPORATION
ANNUAL REPORT
1995**

**Florida Secretary of State
DIVISION OF CORPORATIONS**

FILED

95 APR 18 PM 5:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000066249 (1)

**1. Corporation Name
TROPICAL GLASS, INC.**

**Principal Place of Business Mailing Address
HIGHWAY 17 SOUTH P.O. BOX 405
ZOLFO SPRINGS FL 33890 ZOLFO SPRINGS FL 33890**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/09/1984 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0477987 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CHANCEY, MARGIE A
HIGHWAY 17 SOUTH
ZOLFO SPRINGS FL 33890**

B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DARREN W	1 2 NAME	
STREET ADDRESS	HIGHWAY 17 SOUTH	1 3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	1 4 CITY - ST - ZIP	
TITLE	STD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, MARGIE A	2 2 NAME	
STREET ADDRESS	HIGHWAY 17 SOUTH	2 3 STREET ADDRESS	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Margie A. Chancey MARGIE A. CHANCEY 4-11-95 813-735-0081

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Optional Please)