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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000066249 (1)

DOCUMENT #
1. Corporation Name

TROPICAL GLASS, INC.



Principal Place of Business Mailing Address							
HIGHWAY 1 ZOLFO SPR	7 SOUTH RINGS FL 33890	P.O. BOX 405 ZOLFO SPRINGS F	L 33890				
					3. Date Incorporated or Qualified 09/09/1994	3a. Date of La 04/	8/1995
2. Frincipal Place 21 /40 9		2a. Mailing Address 26			4. FEI Number 65-0477987	L	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable
27				5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State	۸۱ ۱	City & State			6. Election Campaign Financing	\$	5.00 May Be
	makula F/	28			Trust Fund Contribution		Added to Fees
Zip 24 338	73 25 St. U.S.A.	<i>Z</i> ∙p 29	Country 30		8. This corporation has liability for it Florida Statutes Yes	-	lers 199.032,
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New R	egistered Agen	t
CHAMC	NEV MADOLE A		81	Name			
CHANCEY, MARGIE A HIGHWAY 17 SOUTH			82	82 Street Address (P.O. Box Number is Not Acceptable)			
ZOLFO	SPRINGS FL 33890		83				
			84	City		85	Zip Code
11 Pursuant to	the provisions of Sections 807.05.03	and CO7 1E00 Florid- Or-1	A			FL °°	<u> </u>
Or registered	u agent, of boat, in the State of Flori	ia. Such change was anthon	zed by the com	ianieo corpi oration's bo	oration submits this statement for the purp ard of directors. Thereby accept the appo	oose of changing intment as regisl) its registered office tered agent. Lam
retrinice with	, and accept the obligations of, Secti	on 607.0505, Florida Statute	98		, , , , , , ,	· · · · · · · · · · · · · · · · · · ·	io da agami (zim)
SIGNATURE.	lgrature, typed or printed harrie of registered algum	a. Other tard as	Offer Bogis Med Agos				
12.	OFFICERS AND		13.	1 Signatura terjar	ADDITIONS/CHANGES TO OFFI	DATE PERS AND DIRE	CTOPS IN 13
TITLE	PD	DELETE	1 1 Tirus		7.551101001711020100171	Cha	·
NAME	THOMAS, DARREN W	• ,	1.2 NAME				
STREET ADDRESS	HIGHWAY 17 SOUTH		1.3 STREE1	ADDRESS			
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890		1.4 CITY - S	T-ZIF			
TITLE	STD CHANCEY MADOIC A	DELETE	2 Ti1[{		PSTD	Cna	nge 🔲 Addition
NAME	CHANCEY, MARGIE A		2.2 NAME	Ċ	Indusor Margie A.		
STREET ADDRESS	HIGHWAY 17 SOUTH		2 3 STREET	ADDRESS /	honery Mergie A. 409 tangelo Dr.		
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890		24 City -S	r - 21P	enducation of	33873	
TITLE		DELETE	3 1 TIFLE			☐ Cha	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
CITY-S1-ZIP			3 4 CrTy - S	1 - 212			
TITLE		□ DELETE	4 1 TITLE			☐ Cha	nge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREET	address			
Crty - ST - ZIP		F 05.57	4.4.0.1Y - S	I - ZiP			
TITLE		DELETÉ	5 1 TITLE	1		☐ Cha	nge 🔲 Addition
NAME			5.2 NAME	ĺ			
STREET ADDRESS			53 STREET				
CHY-SI-ZIP		Floriti	5 4 CITY - S	1 - 71P			
TITLE		DELETE	6.11006			Cha	nge 🗌 Addition
3.4845			4				
NAME			6.2 NAME				
NAME STREET ADDRESS CITY-ST-ZIP			62 NAME 63 STREET 64 CITY - S				

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

Daytime Phone #