

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

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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066249 (1)**

1. Corporation Name

**TROPICAL GLASS, INC.**

Principal Place of Business

Mailing Address

**1409 TANGELO DRIVE  
WAUCHULA FL 33873  
US**

**P.O. BOX 405  
ZOLFO SPRINGS FL 33890-0405** ✓



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>12143 US 98</b>		26 <b>12143 US 98</b>		09/09/1994		04/17/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0477987		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 <b>SEBRING, FL.</b>		28 <b>SEBRING, FL.</b>		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 <b>33870</b>		29 <b>33870</b>		<input type="checkbox"/>		<input type="checkbox"/>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
25 <b>USA</b>		30 <b>USA</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**12143 US 98**

83

84 City **SEBRING**

FL

85 Zip Code **33870**

ADDRESS  
CHANGE  
ONLY

I, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	CHANCEY, MARGIE A	1.2 NAME	CHANCEY, MARGIE A.
STREET ADDRESS	1409 TANGELO DRIVE	1.3 STREET ADDRESS	12143 US 98
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	SEBRING, FL. 33870
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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

4-1-97

941-655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0395487

CR2E034 (9/96)