SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006688 (2)

D & S GLASS AND DOOR MAINTENANCE, INC.

FILED Sep 18 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 525 CARSWELL AVENUE 525 CARSWELL AVENUE | | | | | |
|---|---|---|---------------------------------------|--|-----------------------------------|
| UNIT P HOLLY HILL FL 32117 | | UNIT P | | DO NOT WOLLL IN | THIC COACE |
| US | | HOLLY HILL FL 32117 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report | |
| | | | | 01/23/1995 | 04/18/1996 |
| 2. Principal | Place of Businoss | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3292307 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent GUETLING, S J 81 Name | | | | | red Agent |
| 525 CARSWELL AVENUE | | | 5 | yetling, S.D. | |
| UNIT P | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | NUE |
| | OLLY HILL FL 32117 | | 83 | i = B | |
| | | | 84 City . 1 | <u> </u> | ar Zio Codo |
| | | | Ho | > lly Hill | FL 85 321/7 |
| 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 vigit, and accept the obligations of Soction 607.0515, Florida Statutes. | | | | | |
| agent. I am familiar with, and accept the obligations of Soction 607,0515, Florida Statutes. | | | | | |
| SIGNATURE Storeture, lyred or printed name of registered arginal and title if directable. INVITE: Registered Agent signature required when reinstatino) DATE | | | | | |
| 12. | | ND DIRECTORS | Registered Agent signature requi | ADDITIONS/CHANGES TO OFFICERS | ATE S AND DIRECTORS IN 12 |
| TITLE | PSTD | DELETE | 1.1 TITLE | ADDITIONS/OFFACED TO OFFICE TO | Change Addition |
| NAME | GUETLING, SHELDON D | | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLY HILL FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | GUETLING, DARRELL C | DELETE | 2.1 1/TLE | | Change Addition |
| NAME | 525 CARSWELL | | 2.2 NAME | | |
| STREET ADDRESS | HOLLY HILL FL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 1.000. | DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| NAME | | — | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | · | |
| CITY-ST-ZIP | | | 3 4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T DELLE | 4 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 5.2 NAME | | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | _ • — |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | [에 교문 및 1960] | | 6.4 CITY-ST-ZIP | | |
| 14. I do here | by certify that the information supplied indicated on this annual report or | ed with this filing does not qualify supplemental appual report is true | for the exemption states | d in Section 119.07(3)(i), Florida Statutes. I for my signature shall have the same legal effe | urther 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 | | | | | |