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

Mailing Address

234 BOUGAINVILLEA ST

Dur J Hill (11)

TAVERNIER FL 33070-2206

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

234 BOUGAINVILLEA ST

SIGNATURE:

TAVERNIER FL 33070



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059723 (3)

PLANTATION PLASTIC & GLASS, INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0613141 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes ☐ Yes ☐ No 24 29 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HILL, GUY J 234 BOUGAINVILLEA ST 82 Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** 83 City 85 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. SIGNATURI So produce, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition □ DELETE THEF 1.1 TOLE Change HILL, GUY J NAME 1.2 NAME 234 BOUGAINVILLEA ST 1.3 STREET ADDRESS STREET ADDRESS **TAVERNIER FL 33070** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-\$1-ZIP DELETE Change Addition 3.1 TITLE THUE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - 7IP 4.4 CITY - ST - 712 DELETE 5.1 TITLE ☐ Change ☐ Addition TILLE NAVi 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 718 DELETE Change Addition 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 inclicated 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

FILED May 08 1997 8:00am Secretary of State



(96/6)

Daytime Phone ≠ 0002568