PROFIT CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90151 049 ***150.00

1. Corporation Name										
FAR SOUTH GLASS SERVICE, INC.										
trate and the action of the ac										
Principal Place of Business Mailing Address						- 1 ISBN ODA 15D SOLEN BINEN DOSEN SOLVIN	80111 EDIAL 10	isia aliat stan i	10190 (3)1 (00)	
4612 SW 13TH AVENUE 4612 SW 13TH AVENUE										
CAPE CORAL FL 33914 CAPE CORAL FL 33914										
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						11/06/1995 4. FEI Number				
Principal Place of Business 2a. Mailing Address								— 	plied For	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0631366		\$8.75 A	t Applicable	
22 27						5. Certifcate of Status Desired		Fee Re		
City & State City & State						6. Election Campaign Financing		\$5.00	May Re	
23 28						Trust Fund Contribution		Added to	-	
Zip	Country	Zip	Country			8. This corporation owes the current	ıt year Inta	ngible		
24	25	29 3	0			Personal Property Tax.			□No _	
	9. Name and Address of Current	t Registered Agent	81			10. Name and Address of New Re	gistered A	gent		
AL THE A. ILLY MIT A.				Name	K	EVIN S. CLEM				
CLEM, JULIE A				Street	Addres	ss (P.O. Box Number is Not Acceptable	le)			
4612 SW 13TH AVENUE			83	46	12	5.W. 134- AVE	JUE			
CAPE CORAL FL 33914										
				City				85 Zip C	Code	
						E CORAL	<u> FL</u>			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	≀ and 607.1508, Florida Statutes of Florida. Such change was aut	, the above	e-named the corpo	corpor	ration submits this statement for the purishment of directors. I hereby accept	urpose of c	:hanging its। tment as rec	registered gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes			,	• • •		·	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				nt signature re	equired v	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12	
TITLE	PD			13.		/TSD		Change	Addition	
NAME	CLEM, KEVIN S		1,2 NAME		[v	EVILL S. CLEM			,	
STREET ADDRESS	4612 SW 13TH AVENUE			TADDRESS		612 S.W. 13th AVE	NUE			
CITY-ST-ZIP	CAPE CORAL FL	■ In the control of		T-ZIP	\ \text{\rightarrow}	APE CORAL, FL 3	53914	ł		
TITLE	TSD	DELETE	2.1 TITLE					Change	Addition	
NAME	CLEM, JULIE A	2.2 No		ļ					į	
STREET ADDRESS	4612 SW 13TH AVENUE	VENUE 235		ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			T-ZIP		_		_		
TITLE	VD	☑ DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME	MOSIER, CHRISTOPHER K		3.2 NAME			·				
STREET ADDRESS	4612 SW 13TH AVENUE		3.3 STREET	F ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			T-ZIP						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	F ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				[] Ch	□ 84400 -	
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE				Change	Addition	
TITLE			6.2 NAME							
TWWILL			6.3 STREET	ADDRESS						
STREET ADDRESS										

14. I 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 with all other like empowered. KEVIN S.CLEM

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

547-6297