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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000010302 (3)

THE GLASS SHOPPE OF S.W. FLORIDA, INC.

Principal Place of Business Mailing Address 13081 METRO PKWY, UNIT 19

**FILED** Jan 29 1998 8:00am Secretary of State



13081 METRO PKWY, UNIT 19 FT. MYERS FL 33912 FT. MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0637610 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONNELLY, ERNIE 914 S.W. 22ND TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33991 83 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicab OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition GONNELLY, ERNIE NAME 1.2 NAME 914 S.W. 22ND TERRACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change \_\_\_ Addition 2.1 TITLE NAME DISCIOSCIA, JOHN 2.2 NAME STREET ADDRESS 1301 S.W. 9TH AVE. 2.3 STREET ADDRESS CAPE CORAL FL 33991 CITY - ST - ZIE 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 comporation 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 citanged, or for an attackment with an address. Block 12 or Block 13 if change

25ATTO IIRED

SIGNATURE:

1-22-98

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