Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600079737

1. Corporation Name

JOE BROWDER CONSOLIDATED FIBERGLASS, INC.

Principal Place of Business									
802	EAST	CANAL	STREET						

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MULBERRY FL 33860

21

22

Mailing Address

P.O. BOX 1334

BARTOW FL 33831-1334

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90069 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

09/25/1996 4. FEI Number

59-3401337

23		28				Trust Fun	d Contribution		70	ueu tu	1 003
Zip	Country	Zip		Country		8. This corpo	oration owes the cu			_	_
24	25	29	30				Property Tax.	_	Yes		□No
	9. Name and Address of Current	Registered Ager	nt			10. Name an	d Address of New	Registered A	gent		]
				81	Name						]
BROWDER, SHIRLEY A			82	Street Add	ress (P.O. Box N	umber is Not Accep	table)				
4425 MEADOW RIDGE AVE.				••							
MULBERRY FL 33860				83							
	•			84	City	_			85	Zip C	ode
					City	_		FL			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida Such ch	ande was author	nzed DV '	ine corporati	poration submits t ion's board of dire	this statement for the ectors. I hereby acce	e purpose of c ept the appoin	nangir Iment	igits r as reg	egistered i
SIGNATURE		and this Manageria	(MOTE: Bank	thread Anani	simpature recours	ed when reinstating)	<del></del>	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		<u>-</u>	13.	a-Brianna sadmis	ADDITION	S/CHANGES TO O		DIRE	CTO	RS IN 12
TITLE	P			1.1 TITLE					☐ Cha		Addition
NAME	BROWDER, JOE			1.2 NAME	1						
STREET ADDRESS	4425 MEADOW RIDGE AVE.			1.3 STREET	ADORESS						
	MULBERRY FL 33860			1.4 CITY-ST							
CITY-ST-ZIP TITLE	V		·	2.1 TTLE		<u></u>			Ch	ange	Addition
NAME	BROWDER, ROGER		ŀ	2.2 NAME							
STREET ADDRESS	695 GROVE DRIVE			2.3 STREET	ADDRESS						
**CITY-ST-ZIP	-BARTOW-FL-33830			Z 4 CITY S		<del></del>					
TITLE	ST			3.1 TITLE					Ch	ange	Addition
NAME	BROWDER, SHIRLEY A		1	3.2 NAME	Y		•				
STREET ADDRESS	AAGE MEADOW DIDGE AND			3.3 STREET	ADDRESS	٠					
CITY-ST-ZIP	MULBERRY FL 33860			3.4. CITY-S	1						
TITLE			1	4.1 TITLE		_			☐ Ch	ange	Addition
NAME			ŀ	4, 2 NAME							
STREET ADDRESS	•		1	4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST	ZIP						
TITLE			DELETE	5.1 TITLE					Ch	ange	Addition
NAME I			1	5.2 NAME		2					ſ
STREET ADDRESS	•			5.3 STREET	ADORESS						j
CITY-ST-ZIP			Į.	5.4 CITY-ST	- ZIP						
TITLE			) DELETE	6.1 TITLE					Ch	ange	Addition
NAME			F	6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						J
			1	6.4 CITY-SI	-ZIP						ĺ
CITY-ST-ZIP						_					

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.

SIGNATURE

Shulling AN PRINTED RAME OF SIGNING OFFICER OR DIRECTOR!

3/18/99

741-425-2441

Daytime Phone #

R2E034 (11/98)