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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092476 (6)

1. Corporation Name

ST. AUGUSTINE GLASS & MIRROR, INC.



Principal Place of Business

Mailing Address

7 S. DIXIE HIGHWAY
ST. AUGUSTINE FL 32095

7 S. DIXIE HIGHWAY
ST. AUGUSTINE FL 32095-4118

2. Principal Place of Business

21 7 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

22

City & State

23 ST AUGUSTINE, FL

Zip

24 32095

Country

25 USA

2a. Mailing Address

26 7 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

27

City & State

28 ST AUGUSTINE, FL

Zip

29 32095

Country

30 USA

3. Date Incorporated or Qualified

11/07/1996

3a. Date of Last Report

11/07/96

4. FEI Number

59-3404639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PECHNICK, JOHN
7 S. DIXIE HIGHWAY
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

John Pechonick

(NOTE: Registered Agent signature required when reinstating)

04-20-97

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PECHONICK, JOHN
STREET ADDRESS
3990C COASTAL HWY.
CITY- ST- ZIP
ST. AUGUSTINE FL

1.2 TITLE ☐ DELETE

NAME
PECHONICK, KEITH A
STREET ADDRESS
3990C COASTAL HWY.
CITY- ST- ZIP
ST. AUGUSTINE FL

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

John Pechonick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

DATE

(904)
825-0070

DAYTIME PHONE #

CR2E034 (9/96)