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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90107 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027672

1. Corporation Name
TAMIAMI GLASS BLOCK, INC.

Principal Place of Business
2226 S.E. 20TH PLACE
CAPE CORAL FL 33990

Mailing Address
2226 S.E. 20TH PLACE
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

65-0743787

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DEL BIANCO, RONALD A
2226 S.E. 20TH PLACE
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE VD
NAME DEL BIANCO, RONALD A
STREET ADDRESS 2226 S.E. 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE PST
NAME DEL BIANCO, SHARON M
STREET ADDRESS 1801 BRANTLEY RD. #416
CITY-ST-ZIP FORT MYERS FL 33907

TITLE V
NAME WENZEL, GERALD L II
STREET ADDRESS 414 S.E. 4TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
DEL BIANCO, RONALD A
1.3 STREET ADDRESS 2226 SE 20TH PL
1.4 CITY-ST-ZIP CAPE CORAL FL 33990

2.1 TITLE PST ☒ Change ☐ Addition

2.2 NAME DEL BIANCO, SHARON M
2.3 STREET ADDRESS 1444 COVINGTON CIRCLE W
2.4 CITY-ST-ZIP FORT MYERS, FL 33919-2002

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DEL BIANCO, RONALD A II (JUNIOR)
3.3 STREET ADDRESS 2226 SE 20TH PL
3.4 CITY-ST-ZIP CAPE CORAL, FL 33990

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 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: Sharon Del Bianco SHARON DEL BIANCO 4/27/99 (941) 772-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

0453429