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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000106293**1. Corporation Name

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

02-17-1999 90082 025 \*\*\*150.00

GRIMS	GLASS AND PLASTICS OF	FLORIDA, INC.						
Principal Pla	ice of Business	Mailing Address	<del></del> -				DI HABIT BAHTA BAHTA (1861)	
4419 N HUBERT, BLOG, Ł & M 4419 N HUBERT, BLDG, Ł 8								
TAMPA FL 33614 TAMPA FL 33614								
					-	DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE	
						12/17/1997		fa. 1
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21	Same		Sai	me		<u>59-3488185</u>	. <del>      -  </del>	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5Certifcate of Status Desired	\$8.75	
City & Sta	ate	City & State						equired
23		28			İ	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	у		This corporation owes the current year.		to rees
24	25	29	30			Personal Property Tax.	Yes ☐ Yes	IENo.
	9. Name and Address of Curren	t Registered Agent			1	10. Name and Address of New Regist	ered Agent	
14/4	LVCD JEFEREY D	* * * * * * * * * * * * * * * * * * * *	81	Name	•	,		
	LKER, JEFFREY D SOUTH DALE MABRY		82	Stree	t Address	(P.O. Box Number is Not Acceptable)		<del></del>
	MPA FL 33609		83					1222
			83					
			84	City		The section of the se	<b>FI</b> 85 Zip 0	Code
11. Pursuan	to the provisions of Sections 607.0502	2 and 60 1.1508, Florida Statute	es, the abov	e-name	d corporati	tion submits this statement for the purpo	se of changing its	registered
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with and accept the abigat	ITME	es, the abov uthorized by ida Statutes Registered Age			·	1/28/	registered gistered
	Name	and title if applicable. (NOTE:				·	1/28/	49
SIGNATURE	Signature, typed or printed righe of registered agent OFFICERS ANI	and title if applicable. (NOTE:	Registered Age			on reinstating) DA	1/28/	49
SIGNATURE  12. TITLE NAME	Signature, typed or printed rights of registered agent OFFICERS ANI D MILLER, DOUG	and title if applicable. (NOTE:  D DIRECTORS	Registered Age			on reinstating) DA	TE 1281	49 RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M	and title if applicable. (NOTE:  D DIRECTORS	Registered Age 13. 1.† TITLE 1.2 NAME		required whel	on reinstating) DA	TE 1281	49 RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed rights of registered agent OFFICERS ANI D MILLER, DOUG	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature	required whel	on reinstating) DA	TE 1281	49 RS IN 12
SIGNATURE  12. TITLE NAME STREET ADORESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M	and title if applicable. (NOTE:  D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature	required whel	on reinstating) DA	TE 1281	49 RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed righe of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M TAMPA FL 33614	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature	required when	on reinstating) DA	TE 128	PRS IN 12 Addition
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed righe of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M TAMPA FL 33614	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature T ADORESS	required when	on reinstating) DA	TE 128	PRS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typed or printed righe of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M TAMPA FL 33614	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	nt signature T ADORESS	required when	on reinstating) DA	TE   28   TE   Change	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or printed righe of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M TAMPA FL 33614	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	nt signature T ADORESS	required when	on reinstating) DA	TE 128	PRS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typed or printed rights of registered agent OFFICERS ANI D MILLER, DOUG 4419 N HUBERT, BLDG. L & M TAMPA FL 33614	Industrial Content of the Content	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required when	on reinstating) DA	TE   2.8   TE   2.8   TE   Change   TE   Cha	RS IN 12 Addition Addition Addition Addition
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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 leport 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 priner like empowered.

**SIGNATURE:** 

717-235-7425