

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000069781**

1. Corporation Name
NOT JUST GLASSES, INC.

Principal Place of Business
**955 54TH AVENUE NORTH BLVD.
BUILDING G-75
ST. PETERSBURG FL 33703**

Mailing Address
**955 54TH AVENUE NORTH BLVD.
BUILDING G-75
ST. PETERSBURG FL 33703**

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90004 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

59-3531086

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **955 54th Ave. N.**

Suite, Apt. #, etc.

22

23 **St. Petersburg, FL.**

24 **33703**

Country

2a. Mailing Address

26 **955 54th Ave N.**

Suite, Apt. #, etc.

27

28 **St. Petersburg, FL.**

29 **33703**

Country

9. Name and Address of Current Registered Agent

**HALE, FRED H
5369 PARK BOULEVARD
PINELLAS PARK FL 33781-3421**

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

TITLE **D** ☐ DELETE
NAME **BISHOFF, KATHRYN L**
STREET ADDRESS **5300 65TH TERRACE, NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781-5421**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Bishoff, Kathryn L.**
1.3 STREET ADDRESS **4727 Royal Palm Circle NE.**
1.4 CITY-ST-ZIP **St. Petersburg, FL. 33703**

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 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: **Kathryn L. Bishoff** **Kathryn L. Bishoff** **08/09/99** **727-525-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0089859

Dept OF State,

08-09-99

148000064781
606011-9004 44

I am sorry for the delay but I never rec. a 1st notice. My address you have is incorrect. I have made the correct changes. Will you please correct and again I am sorry for not paying. Please accept my ck #1786 as payment in full for filing my Profit Corp. Annual report 1999. If there is any problem please call 727-525-1000 and ask for Kathy. I called your office and they ask me to explain the problem I hope this is OK.

Thank you.

Kathy Bushoff