


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90155 046 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000070295 1. Corporation Name TOMMY'S GLASS OF PCB, INC. | | | | | |
| Principal Place of Business 9201 BACK BEACH RD. PANAMA CITY BEACH FL 32407 | | | Mailing Address 9201 BACK BEACH RD. PANAMA CITY BEACH FL 32407 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | |
| 3. Date Incorporated or Qualified 08/10/1998 | | | 4. FEI Number 59-3526376 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$5.00 May Be Added to Fees | | |
| 9. Name and Address of Current Registered Agent BENNETT, DERRICK G 112 E. 3RD. CT. PANAMA CITY FL 32401 | | | 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD NAME JOHNSON, JANET STREET ADDRESS 9201 BACK BEACH RD. CITY-ST-ZIP PANAMA CITY BEACH FL 32407 | | | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | | |
| TITLE VPD NAME JOHNSON, KEVIN DEWAYNE STREET ADDRESS 9201 BACK BEACH RD. CITY-ST-ZIP PANAMA CITY BEACH FL 32407 | | | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | | |
| TITLE STD NAME JOHNSON, DENNIS DEWAYNE STREET ADDRESS 9201 BACK BEACH RD. CITY-ST-ZIP PANAMA CITY BEACH FL 32407 | | | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | | |
| TITLE CEO NAME JOHNSON, DENNIS DEWAYNE STREET ADDRESS 9201 BACK BEACH RD. CITY-ST-ZIP PANAMA CITY BEACH FL 32407 | | | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 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 registered agent 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
 Date

850-769-3325
 Daytime Phone #

CR2E034 (1/98)