Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90140 048 ***150.00

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 # P98000074317

LORIDA GLASS COMPANY					
e of Business	Mailing Address				Į.
2311 MAIN STREET 2311 MAIN STREET TAMPA FL 33607 TAMPA FL 33607				DO NOT WRITE IN THIS SPACE	
•			_	3. Date Incorporated or Qualifed 08/24/1998	
2. Principal Place of Business 2a. Malling Address 21				4. FEI Number 359 353 0123 Applied For Not Applied	-
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_	5. Certificate of Status Desired \$8.75 Additional Fee Required.	
City & State City & State 23 28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Country 25	Zip 29	30	ountry	8. This corporation owes the current year Intangible Personal Property Tax.	
g. Name and Address of Current Registered Agent			<u> </u>		\dashv
LOVELACE, WILLIAM K			/		\dashv
2310 WEST BAY DRIVE			GZ Street Au		- {
LARGO FL 33770			83		
			84 City	4mp4 FI 85 Zip Code 7	\dashv
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. In 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 fagolitar with, and accept the appointment of Section 607.0505, Florida Statutes.					t
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<u> </u>				9/	
D			·		
CONDON, PATRICK		1.2	NAME		
			STREET ADDRESS		
C-ZIP OLDSMAR FL 34677		1.40	CITY-ST-ZIP		
D	☐ DELETE	2.1	TITLE	☐ Change ☐ Addi	tion
CONDON, JEANNE		2.2	NAME		
ADDRESS 420 SHORE DRIVE EAST		2.3	STREET ADDRESS		-
OLDSMAR FL 34677			CITY-ST-ZIP		\dashv
	☐ DELETE	3.1	TITLE	☐ Change ☐ Addi	tion
		3.21	NAME		ł
				☐ Channa ☐ Addi	ition
•	L_I DELETE			Change Addi	3011
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				•	Ì
				☐ Change ☐ Addi	tion
	_ beleic				ļ
	LORIDA GLASS COMPANY e of Business EEET O7 Place of Business #, etc. te Country 25 9. Name and Address of Curre ELACE, WILLIAM K WEST BAY DRIVE GO FL 33770 to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the abid of the provisions of Sections 607.05 CONDON, PATRICK 420 SHORE DRIVE EAST OCONDON, JEANNE 420 SHORE DRIVE EAST	LORIDA GLASS COMPANY e of Business BEET D7 Place of Business Place of Business 2a. Mailing Address 2b. Place of Business 2b. City & State 2c. City & State 2c. Place of Business 2c. City & State 2c. Country 2d. City & State 2c. City & State 2c. Country 2c. Country 2d. City & State 2c. City & State 2c. Country 2c. Country 2c. City & State 2c. Country 2c. Country 2c. Country 2c. Country 2c. City & State 2c. Country 2c. Country 2c. Country 2c. Country 2c. Country 2c. Country 2c. City & State 2c. Country 2c. Countr	LORIDA GLASS COMPANY LORIDA GLASS COMPANY LORIDA GLASS COMPANY LORIDA GLASS COMPANY Mailing Address 2311 MAIN STREET TAMPA FL 33607 Place of Business 2a. Mailing Address 26 Lountry Zip City & State 28 Country Zip Zip Zip Zip Zip Zip Zip Zi	LORIDA GLASS COMPANY e of Business EET 2311 MAIN STREET 7AMPA FL 33607 Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 27 City & State 29 9. Name and Address of Current Registered Agent 29 ELACE, WILLIAM K 20 WEST BAY DRIVE 32 GO FL 33770 82 Street Address of Street Agent 33 B4 City 7 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named concepts of agents or both, in the State of Florida. Such change was authorized by the corporary fagular with, and accept the publications of, Section 607.0505, Florida Statutes. September 1, poed or printed name of registered agent and the first applicable. OFFICERS AND DIRECTORS 13. CONDON, PATRICK 12 MAIE 11 TITLE 12 MAIE 13 STREET ADDRESS 14. CITY-ST-ZIP 11 CONDON, JEANNE 420 SHORE DRIVE EAST 1. ACITY-ST-ZIP 1. DELETE 2. STREET ADDRESS 1. ACITY-ST-ZIP 1. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1. ACITY-ST-ZIP 1. ACITY-ST-Z	## Address COMPANY Applied For TAMPA FL 3997 Applied For TAMPA FL 3998 A FEI Nymps F Applied For TAMPA FL 3998 Applied For Mort Applied For TAMPA FL 3998 A FEI Nymps F Applied For TAMPA FL 3998 Applied For Mort Applied For TAMPA FL 3998 Ap

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 of the receiver of 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 chapter 607, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Daytime Phone #

Change

Addition

K2E034 (11/98)