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 # P98000083520

PRECISION GLASS & MIRROR WORKS, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90013 006 ***150.00



Principal Place of Business	Mailing Address					
8380 ULMERTON ROAD SUITE 322	8380 ULMERTON ROAD SU	ITE 322				
LARGO FL 33771 LARGO FL 33771				DO 1107 14/DITE (N. T.) 10	00405	
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		ļ
				09/28/1998	11.	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		plied For
21 8380 y mertion Kd 26 Same				57-35-31-7-71		t Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 /	
22 322	27				Fee Re	<u>-</u>
City & State City & State				6. Election Campaign Financing	\$5.00	
23 larso Fla.				Trust Fund Contribution	Added	to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
	77 25 Qine) les. 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax. AYes No 10. Name and Address of New Registered Agent		
9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	_
MOORE, CHARLES G	•	"	Name	none.		
7211 FIRST AVENUE SOUTH				ress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33707						
SI. PETENSBONG PE 33707		83				
		84	City		85 Zip (Code '
				FL	. `	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	-named corp	poration submits this statement for the purpose of	changing its	registered
agent. I am familiar with, and accept the obligation	or Florida. Such change was au tions of, Section 607.0505_Flori	da Statutes.	ine corporaii	ion's board of directors. I hereby accept the appoint	illillelli as ie	gistered
SIGNATURE F	mul DR.					j
Signature, typed or printed partie of registered ager	and title if applicable. (NOTE:	Registered Agen	t signature require	ed when reinstating) DATE		
12. OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE D /			1	N = 24	Change	☐ Addition
NAME WADE, LEONARD F JR.		1.2 NAME		none.		Í
STREET ADDRESS 8380 ULMERTON ROAD SUITE	322	1.3 STREET	ADDRESS			
CITY-ST-ZIP LARGO FL 33771		1.4 CITY-ST	r-ZIP			
TITLE	☐ DELETE 2		, J.		☐ Change	☐ Addition
NAME	2		1			{
STREET ADDRESS		2.3 STREET	ADDRESS			
CITY-ST-ZIP		2. 4 CITY-S	T-ZIP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME		3.2 NAME	[
STREET ADDRESS		3.3 STREET	ADORESS			
CITY-ST-ZIP		3.4. CITY-S	T-ZIP			
TITLE	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADORESS			{
CITY-ST-ZIP		4.4 CITY-ST	i			ſ
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS			, ,
and the second of the second o		5.4 CITY-ST	1			
CITY-ST-ZIP-	DELETE	6.1 TITLE			Change	Addition
TITLE	7.	6.2 NAME				L Addition
NAME	1		ADDRESS			1
STREET ADDRESS		6.3 STREET				
CITY-ST-ZIP		6.4 CITY-S1	r-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:

CITY-ST-ZIP