PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S16116

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90146 005 ***150.00

GNEAL	SOUTHERN GLASS COM	PANT, INC.				
Principal Plac	e of Business	Mailing Address				BING BINGS BINGS NIBUS NINGS NINGS NEWS SHAD
3726 GRISSOM LANE 3726 GRISSOM LANE						
KISSIMMEE FL 34741 KISSIMMEE FL 34741						
					DO NOT WRITE IN THIS SPACE.	
					3. Date Incorporated or Qualifed	
					11/28/19 <u>90</u>	
Principal Place of Business Za. Mailing Address					4. FEI Number	Applied For
21 26					59-3038824	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
23 28 28			Country		Trust Fund Contribution	Added to Fees
Zip —	· _ · ·				8. This corporation owes the current	
24	25		30		Personal Property Tax.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent
SMF	TH, PATRICIA A			Name		
975 S BASS RD			82	Street Add	dress (P.O. Box Number is Not Acceptable	:)
KISSIMMEE FL 34746			83	L		
11100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		63			
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute:						FL 183 Zip code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the put tion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE						
49	Signature, typed or printed name of registered to	gent and title if applicable. (NOTE: I AND DIRECTORS	Registered Agen	t signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
	SMITH, PATRICIA A		1.2 NAME	ł		Crasses Crasses
NAME	975 S BASS RD					
STREET ADDRESS	VICCIANTEE EL 04740		1.3 STREET	İ		
CITY-ST-ZIP			1.4 CITY-ST	r-ZIP		☐ Change ☐ Addition
TITLE	=		2.1 TITLE	ļ		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	_		
CITY-ST-ZIP			2. 4 CITY+S	T-ZIP		Change Addition
TITLE	Taka ya		3.1 TITLE			□ cuanãe □ vaginou
NAME	RUSSELL, ROBERT A		3.2 NAME			
STREET ADDRESS	10051 RIVERA ST			ADORESS		
CITY-ST-ZIP	HOMOSASSA FL	Deter	3.4. CITY-S	T-ZIP		☐ Change ☐ Addition (
TITLE		☐ DELETE	4.1 T/TLE			ChangeAudition {
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP		Doc ex	4.4 CITY-S	r-ziP		Channe D Addition
TITLE		☐ DÉLETE	5.1 TITLE 5.2 NAME		•	Change Addition
NAME		The state of the s		ADODESS		}
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP		Change T Addition
TITLE	•	☐ DELETE	6.1 T/TLE			☐ Change ☐ Addition
NAME			6.2 NAME 6.3 STREET			
			⇒ x < CTDCCT	ALTERNATION I		

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 arguitactionent with an address, with all other like empowered.

SIGNATURE: