FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56104** **(5)**

1. Corporation Name
ALL BEACHES GLASS CO., INC.

Principal Place of Business	Mailing Address
469 ATLANTIC BLVD. ATLANTIC BEACH FL 32233	469 ATLANTIC BLVD. ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/03/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3138530** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOLLA, WILMA R.
1711 N. 2ND STREET
JACKSONVILLE BEACH FL 32250

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	BOLLA, JOHN L	1.2 NAME	WILMA R. BOLLA	
STREET ADDRESS	1711 N. 2ND STREET	1.3 STREET ADDRESS	1711 N. 2nd ST.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	JAX BCH, FL 32250	
TITLE	V	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	REINIKAINEN, CRAIG L.	2.2 NAME	JOHN L. BOLLA	
STREET ADDRESS	765 REDFIN DRIVE	2.3 STREET ADDRESS	137 DELUE DRIVE ST	
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP	ATLANTIC BCH, FL 32233	
TITLE	S	3.1 TITLE	PAULA L. MANNETCH	☒ Change ☐ Addition
NAME	WOOTEN, ROY	3.2 NAME	V. PRES.	
STREET ADDRESS	5529 SHARON TERR.	3.3 STREET ADDRESS	1711 N. 2nd ST	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JAX BCH, FL 32250	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wilma R. Bolla President 4-10-95 904 241-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018700 CP