# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 FEB 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

**DOCUMENT # 176604** **(7)**

1. Corporation Name
**LEE & CATES GLASS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 142 MADISON STREET<br>P.O. BOX 41146<br>JACKSONVILLE FL 32203 | 142 MADISON STREET<br>P.O. BOX 41146<br>JACKSONVILLE FL 32203 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1953**
3a. Date of Last Report: **01/31/1994**

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

4. FEI Number: **59-0713691** ☐ 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**

LEE, THOMAS D. JR.
3340 SAN JOSE BLVD
JACKSONVILLE FL 32207

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100001413271
-02/23/95--01027--007
****200.00 ****200.00

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 of capacity (NOTE: Registered Agent signature required when mandated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | P D ☐ Change ☒ Addition |
| NAME | LEE, THOMAS D. III | 12 NAME | |
| STREET ADDRESS | 3615 VIA DE LA REINA | 13 STREET ADDRESS | [redacted] |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | [redacted] |
| TITLE | CD | 21 TITLE | ☐ Change ☒ Addition |
| NAME | LEE, THOMAS D. JR. | 22 NAME | |
| STREET ADDRESS | 3340 SAN JOSE BLVD | 23 STREET ADDRESS | [redacted] |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | [redacted] |
| TITLE | ST | 31 TITLE | S T D ☐ Change ☒ Addition |
| NAME | PADGETT,MARY MAUDE | 32 NAME | |
| STREET ADDRESS | 3762 TOWNSEND OAK CT | 33 STREET ADDRESS | [redacted] |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | [redacted] |
| TITLE | CED | 41 TITLE | ☐ Change ☒ Addition |
| NAME | WILLIAMSON, J H | 42 NAME | |
| STREET ADDRESS | 4012 SAN SERVERA DR. | 43 STREET ADDRESS | [redacted] |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | [redacted] |
| TITLE | VP | 51 TITLE | V P D ☐ Change ☒ Addition |
| NAME | PADGETT, RICK Z. | 52 NAME | |
| STREET ADDRESS | 3834 TOWNSEND BLVD. | 53 STREET ADDRESS | [redacted] |
| CITY-ST-ZIP | JACKSONVILLE FL | 54 CITY-ST-ZIP | [redacted] |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

DOA 2-21

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 15 if changed, or on an attachment with an address.

**SIGNATURE:** Maude Padgett 1-26-95 904-537-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maude Padgett

CP