FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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 P.O. BOX 41146 JACKSONVILLE FL 32203	142 MADISON STREET P.O. BOX 41146 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified: 12/21/1953
3a. Date of Last Report: 02/21/1995
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

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc 27 / City & State 28 / Zip 29 / Country 30

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: Thomas D. Lee III
82 Street Address (P.O. Box Number is Not Acceptable)
83 142 Madison St.
84 City: Jacksonville FL 85 Zip Code: 32204

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: Thomas D. Lee III (Pres) [signature] DATE: 4-22-96

12.	OFFICERS AND DIRECTORS	
TITLE	PD	☐ DELETE
NAME	LEE, THOMAS D. III	
STREET ADDRESS	3615 VIA DE LA REINA	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	☐ DELETE
NAME	LEE, THOMAS D. JR.	
STREET ADDRESS	3340 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	PADGETT,MARY MAUDE	
STREET ADDRESS	3762 TOWNSEND OAK CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CED	☐ DELETE
NAME	WILLIAMSON, J H	
STREET ADDRESS	4012 SAN SERVERA DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	☐ DELETE
NAME	PADGETT, RICK Z.	
STREET ADDRESS	3834 TOWNSEND BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	400001800684
5.1 TITLE	-04/30/96--01018--033 ☐ Change ☐ Addition
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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.

MARY MAUDE PADGETT

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-20-96 — Daytime Phone #: 904-354-4643

CR2E034 (12/95)

4/28/96