

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 831195 (3)**  
1. Corporation Name  
**AMERICAN FLAT GLASS DISTRIBUTORS, INC.**

Principal Place of Business      Mailing Address

**1600 PARKWOOD CIRCLE  
SUITE 300  
ATLANTA GA 30339  
US**

**1400 LINCOLN STREET  
P. O. BOX 929  
KINGSPORT TN 37662  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/01/1973</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>58-1105024</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip      25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip      30. Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 fee if applicable      (NOTE: Registered Agent signature required when reconstituting)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JAMES R.	12 NAME	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	13 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	14 CITY - ST - ZIP	<b>580801428415</b>
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, R.E.	22 NAME	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	23 STREET ADDRESS	<b>-05/08/95--01029--015</b>
CITY - ST - ZIP	ATLANTA GA	24 CITY - ST - ZIP	<b>*****130.00    *****130.00</b>
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, D ROGER	32 NAME	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	33 STREET ADDRESS	<b>500001478445</b>
CITY - ST - ZIP	ATLANTA GA	34 CITY - ST - ZIP	<b>-05/08/95--01029--016</b>
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, J.W. J	42 NAME	
STREET ADDRESS	1400 LINCOLN STREET, P. O. BOX 929	43 STREET ADDRESS	
CITY - ST - ZIP	KINGSPORT TN	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, S.E.	52 NAME	
STREET ADDRESS	1400 LINCOLN ST., P. O. BOX 929	53 STREET ADDRESS	
CITY - ST - ZIP	KINGSPORT TN	54 CITY - ST - ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBIE, ROBERT E.	62 NAME	
STREET ADDRESS	1400 LINCOLN ST., P. P. BOX 929	63 STREET ADDRESS	
CITY - ST - ZIP	KINGSPORT TN	64 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 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Dobie      Robert E. Dobie      3/30/95      (615) 229-7243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)