FILE NOW: FILING FEE AFTER DUE DATE IS $550.00

CORPORATION ANNUAL REPORT **1995**

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

REVISED AND FILED

95 APR 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062716 (4)

1. Corporation Name

ALBERSON'S TILE ROOF GLAZE, INC.

Principal Place of Business	Mailing Address
1210 E. FRIERSON AVE. TAMPA FL 33603 US	P. O. BOX 7702 TAMPA FL 33673-7702 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4804 N. Nebraska
22 Suite, Apt. #, etc.
23 City & State: Tampa, Fl.
24 Zip: 33603
25 Country: Hillsborough

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

4. FEI Number: 59-3201650 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERSON, MICHELLE D
9420 LAZY LANE
STE. B-2
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: Michelle D Alberson
82 Street Address (P.O. Box Number Is Not Acceptable): 4804 N. Nebraska Ave
83
84 City: Tampa FL 85 Zip Code: 33603

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: Michelle D. Alberson — Michelle D. Alberson — 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ALBERSON, WILLIAM A SR.	1.2 NAME		
STREET ADDRESS	1210 EAST FRIERSON	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ALBERSON, MICHELLE D SR.	2.2 NAME		
STREET ADDRESS	1210 EAST FRIERSON	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
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: Michelle D. Alberson — Sec/Treasurer — 4-17-95 — 813-239-3167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444061 FP