FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 223141 **(3)**

1. Corporation Name
SOUTHSIDE GLASS & PAINT INC.

Principal Place of Business
142 MADISON STREET
P.O. BOX 41146
JACKSONVILLE FL 32203

Mailing Address
142 MADISON STREET
P.O. BOX 41146
JACKSONVILLE FL 32203-1146

3. Date Incorporated or Qualified: 04/29/1959
3a. Date of Last Report: 04/28/1996

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

4. FEI Number: 59-0666788 ☐ 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 JR, THOMAS D
142 MADISON ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Thomas D. Lee III
82 Street Address (P.O. Box Number is Not Acceptable): 142 Madison St.
83 Jacksonville
84 City 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 ______ 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	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON,J H		1.2 NAME		
STREET ADDRESS	4012 SAN SERVERA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PADGETT,MARY MAUDE		2.2 NAME		
STREET ADDRESS	3762 TOWNSEND OAK CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	LEE D THOMAS JR.		3.2 NAME	Thomas D. Lee, Jr	
STREET ADDRESS	3340 SAN JOSE BLVD		3.3 STREET ADDRESS	142 Madison St.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE		☐ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME			4.2 NAME	Thomas D. Lee III	
STREET ADDRESS			4.3 STREET ADDRESS	142 Madison St.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Rick L. Padgett	
STREET ADDRESS			5.3 STREET ADDRESS	142 Madison St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE		☐ DELETE	6.1 TITLE	800002112258	☐ Change ☐ Addition
NAME			6.2 NAME	-03/13/97--01014--048	
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Maude Padgett REQUIRED — 3-3-97 — 904-354-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042492