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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 498790 (5)

1. Corporation Name

BRAD'S GLASS COMPANY, INC.

Principal Place of Business

7111 MAIN ST.
JACKSONVILLE FL 32208

Mailing Address

7111 MAIN ST.
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1976 3a. Date of Last Report 02/23/1994

4. FEI Number 59-1664417 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

BRADBERRY, B.C.
7111 MAIN STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BRADBERRY, B.C.	1.2 NAME	Victor A. Bradberry
STREET ADDRESS	107 W. 66TH STREET	1.3 STREET ADDRESS	7111 North Main Street
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	Jacksonville, FL 32208
TITLE	V	2.1 TITLE	VP
NAME	BRADBERRY, VICTOR	2.2 NAME	Michael A. Bradberry
STREET ADDRESS	15204 CAPE DRIVE S.	2.3 STREET ADDRESS	7111 North Main Street
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	Jacksonville, FL 32208
TITLE	ST	3.1 TITLE	ST
NAME	BRADBERRY, MARY RUTH	3.2 NAME	Deanne Bradberry
STREET ADDRESS	107 W. 66TH STREET	3.3 STREET ADDRESS	7111 North Main Street
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	Jacksonville, FL 32208
TITLE	V	4.1 TITLE	
NAME	BRADBERRY, MICHAEL A	4.2 NAME	
STREET ADDRESS	3274 GUERNSEY COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32226	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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)(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 incorporator 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, on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #