**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587013 (4)

1. Corporation Name
ACCENT GLASS CO., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1335 BENNETT RD<br>SUITE 141<br>LONGWOOD FL 32750 | 1335 BENNETT RD<br>SUITE 141<br>LONGWOOD FL 32750 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1978
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1846378 ☐ 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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KUCHARSKI, S. MARY<br>90 HUNTERS TRL<br>LONGWOOD FL 32779 | 81 Name: Simmerman, Tei A.<br>82 Street Address (P.O. Box Number is Not Acceptable): 2705 Amsden Road<br>83<br>84 City: Winter Park FL 85 Zip Code: 32792 |

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: Tei A. Simmerman July 27, 1995
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 | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | KUCHARSKI, ALBERT A. | 1.2 NAME | Simmerman, Kevin R. I | |
| STREET ADDRESS | 90 HUNTERS TRAIL | 1.3 STREET ADDRESS | 2705 Amsden Road | |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | Winter Park, Fl. 32792 | |
| TITLE | VTD | 2.1 TITLE | Vice President | ☒ Change ☐ Addition |
| NAME | KUCHARSKI, S. MARY | 2.2 NAME | Simmerman, Tei A. | |
| STREET ADDRESS | 90 HUNTERS TRAIL | 2.3 STREET ADDRESS | 2705 Amsden Road | |
| CITY-ST-ZIP | LONGWOOD FL | 2.4 CITY-ST-ZIP | Winter Park, Florida 32792 | |
| TITLE | S | 3.1 TITLE | Secretary | ☒ Change ☐ Addition |
| NAME | SIMMERMAN, TEI A. | 3.2 NAME | Kucharski, S. Mary | |
| STREET ADDRESS | 2705 AMSDEN RD | 3.3 STREET ADDRESS | 90 Hunter's Trail | |
| CITY-ST-ZIP | WINTER PARK FL | 3.4 CITY-ST-ZIP | Longwood, Fl. | |
| TITLE | VM | 4.1 TITLE | VM | ☒ Change ☐ Addition |
| NAME | SIMMERMAN JOHN G | 4.2 NAME | Kucharski, Albert A,. | |
| STREET ADDRESS | 2705 AMSDEN RD | 4.3 STREET ADDRESS | 90 Hunter's Trail | |
| CITY-ST-ZIP | WINTER PARK FL | 4.4 CITY-ST-ZIP | Longwood, Fl. | |
| 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)(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.

SIGNATURE: Tei A. Simmerman July 27, 1995 831-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)