## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

141

| <ol> <li>Corporation</li> </ol> | N GLASS COMPANY  o of Business  STREET                                      | Mailing Address 605 S. OATES STREET P.O. BOX 1306 DOTHAN AL 36302-1308 |                       |                      |   |                    |                           |                   |
|---------------------------------|---|--|-----------------------|----------------------|---|--------------------|---------------------------|-------------------|
| US                              |   | 5511-111-12-5050-1005  |                       |                      | 3. Date incorporated or Qualifie 03/09/1962             |                    | ate of Last Re<br>01/1996 | eport             |
| 2. Principal P                  | ace of Business   | 2a. Mailing Address  |                       | ·····                | 4. FEI Number   | 00/                |                           | plied For         |
| 21  <br>Suite, Apt. #, etc.     |   | Suite, Apt. #, etc.  | ···                   | 63-0367812           |   | \$8.75 A           | t Applicable              |                   |
| 22                              | r, v ic   | 27   |                       |                      | 5. Certificate of Status Desired                        |                    | Fee Re                    |                   |
| City & Stale                    | 3   | City & State   |                       |                      | Election Campaign Financing     Trust Fund Contribution |                    | \$5.00<br>Added I         |                   |
| Z(p)                            | Country 25  | Zip<br><b>29</b>   | Count                 | ry                   | This corporation has liability f     Florida Statutes   | Yes [              | No                        | . 199.032,        |
|                                 | 9. Name and Address of Curr   | ent Registered Agent   | 8                     | 1 Name               | 10. Name and Address of New                             | Registered         | Agent                     |                   |
|                                 | AAN, EARL G., JR.<br>1 N PALAFOX ST.  |  |                       |                      |   |                    |                           |                   |
|                                 | SACOLA FL 32523   |  | 8:                    | 2 Street Add         | Address (P.O. Box Number is Not Acceptable)             |                    |                           |                   |
|                                 |   |  | 6:                    | 3                    |   |                    |                           |                   |
|                                 |   |  | 8                     | 4 City               |   |                    | <b>85</b> Zip (           | Code              |
| 11. Porsuant                    | to the provisions of Sections 607.0   | 502 and 607 1508. Florida Stal   | tutes, the abo        | ve-named cor         | poration submits this statement for th                  | FL<br>e purpose o  | f changing it:            | s registered      |
| office or re                    | egistered agent, or both, in the Sta<br>m familiar with, and accept the obl | te of Florida. Such change wa  | s authorized b        | by the corpora       | dion's board of directors. I hereby ac-                 | cept the app       | ointment as               | registered        |
| SIGNATURE                       |   |  |                       |                      |   |                    |                           |                   |
| 12.                             | Signature typed or punied isone of registered.  OFFICERS #                  | agent and title if applicable (N<br>ND DIRECTORS                       | OTE Registered A      | gent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OF          | DATE<br>FICERS ANI | DIRECTOR                  | S IN 12           |
| TILLE                           | P   | ☐ DELETE   | 1.1 TITLE             |                      |   |                    | Change                    | Addition          |
| NAME                            | PITMAN,E.G.,JR.   |  | 1.2 NAMI              | E                    |   |                    |                           |                   |
| STREET ADDRESS                  | 1209 AZURE DR.  |  | 1.3 STRE              | ET ADDRESS           |   |                    |                           |                   |
| Cita - ST - ZIP                 | DOTHAN AL   | DELETE   | 1.4 CITY -            |                      | , , , , , , , , , , , , , , , , , , ,                   |                    | Change                    | Addition          |
| TITLE<br>NAMÉ                   | ניין הבנו   |  | 2.1 TITLE<br>2.2 NAMI |                      |   |                    | L. Change                 | L. Addition       |
| STREET ADDRESS                  |   |  | 1                     | ET ADORESS           |   |                    |                           |                   |
| CITY - \$1 - 71P                |   |  | 2 4 CITY              |                      |   |                    |                           |                   |
| Tr.F                            |   | DELETE   | 3.1 TITLE             |                      |   |                    | Change                    | Addition          |
| NAME                            |   |  | 32 NAMI               | E ]                  |   |                    |                           | )                 |
| STREET ADORESS                  |   |  | 33 STRE               | ET ADDRESS           |   |                    |                           | ł                 |
| City \$1-7/2                    |   | Decete   | 3 4. CITY             |                      |   |                    |                           | 1 1 1 1 1 1 1 1 1 |
| T FLF                           |   | ☐ DELETE   | 4.1 TITLE             | Ĭ                    |   |                    | L. Change                 | ☐ Addition        |
| NAME                            |   |  | 4. 2 NAM              | · ·                  |   |                    |                           |                   |
| STREET ADORESS                  |   |  |                       | ET ADDRESS           |   |                    |                           |                   |
| CHY-ST ZIP<br>TITLE             |   | DELETE   | 4.4 CITY<br>5.1 TITLE |                      |   |                    | Change                    | Addition          |
| NAM!                            |   |  | 5.2 NAMI              | 1                    |   |                    | •                         | - '               |
| STREET ADDRESS                  |   |  |                       | ET ADDRESS           |   |                    |                           |                   |
| C(1Y+S1+2)P                     |   |  | 5.4 CITY              |                      |   |                    |                           | į                 |
| 7016                            |   | DELFTE   | 6.1 TITLE             |                      |   |                    | Change                    | Addition          |
| P5ME                            |   |  | 6.2 NAMI              | E                    |   |                    |                           | į.                |
| STREET ADORESS                  |   |  | 6.3 STRE              | ET ADDRESS           |   |                    |                           | ŀ                 |
| CHY-ST-ZIP                      |   |  | 6.4 CITY              | -ST-ZIP              |   |                    |                           |                   |

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 of 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 charged, or on an attachment with an address.

SIGNATURE:

AND TYPED OH PHINTED NAME OF SIGNING OPPICER OR DIRECTOR

Earl G.Pitman, Jr. 4/16/97 334-793-1161

**FILED** 

Apr 23 1997 8:00am

Secretary of State