2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 816049**

շորը 8.ՍՍ am

1. Entity Nam	I GLASS COMPANY		Secretary of State 04-21-2000 90093 008 ***150.00							
Principal Place of Business 655 S OATES STREET P.O. BOX 1308 DOTHAN AL 36302 US 2. Principal Place of Business		Mailing Address 605 S. OATES STREET P.O. BOX 1308 DOTHAN AL 36302-1308	605 S. OATES STREET P.O. BOX 1308							
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SF	ACE		
City & State		City & State	City & State		4. FEI Number	63-0367812			plied For t Applicable]
Zip Country		Zip	,		5. Certificate of	Status Desired		8.75 Add ee Require]
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and A	idress of New Reg	istered Ag	ent		}
3901	AN, EARL G., JR. N PALAFOX ST. SACOLA FL 32523		-		(P.O. Box Number is	s Not Acceptable)				1
			İ	City			FL	Zip Code	<u></u>	1
Tax filing r	Signature, typed or printed name of registered a pration is eligible to satisfy its Intange equirement and elects to do so. ria on back)		/!!! FEE I	vill be \$550.00	10. Electi	on Campaign Finan Fund Contribution.	DATE Cing		0 May Be to Fees	
11.		AND DIRECTORS	12.		ADDITIONS/CH	ANGES TO OFFICE	RS AND E	DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITMAN,E.G.,JR. 1209 AZURE DR. DOTHAN AL	☐ Delete		ET ADDRESS ST-ZIP				Change	☐ Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete]	Change	☐ Addition	
indicatéd of the cor	certify that the information supplied on this report or supplemental rep- poration or the receiver or trustee of or on an attachment with an address	ort in true and accurate and that	my signatu n as require	nption stated in S ure shall have the ed by Chapter 60	e same legal effect a 07, Florida Statutes; a	Florida Statutes. I fu s if made under oat and that my name a	h; that I am ppears in f	i an officer Block 11 or	or director Block 12 if	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFF DIRECTOR

4-14-00

334-792 7161

Daytime Phone #