FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

	1996	DIVISION OF					
DOCUMENT # F9300002420 (8) 1. Corporation Name CLASS DISTRIBUTORS OF AMERICA INC.							
GLASS	DISTRIBUTORS OF AMER	ICA, INC.			A INDIVINA MARKATAR MANIA MANIA RENAL	AANH AANN AANA WAKA AAN	A CHOIC DANG (BÀ)
D :- (- 1 D	-(0.)						
Principal Place of Business Mailing Address							
2310 SWEETWATER INDUSTRIAL BLVD. 2310 SWEETWATER IND LITHIA SPRINGS GA 30087 LITHIA SPRINGS GA 300				VD.			
					3. Date Incorporated or Qualified	3a. Date of Last Re	port
					05/21/1993	03/17/199	
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 58-1763455	├ ─ ├	Applied For lot Applicable
		Suite, Apt. #, etc.	······································		5. Certificate of Status Desired	- \$8.75	Additional
22		27					gedniteq
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zıp	Country	,	8. This corporation has liability for in	ntangible tax under s	
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Ro		
	5, Name and Address of Correct	Tregistered Agent	81	Name	IV. Name and Address of New He	All steleo Agent	
MORGAN, ROBERT M			82	Street Add	ress (P.O. Box Number is Not Acceptable	Θ)	
1625 WEST MARION, SUITE 2			83				
PUNTA GORDA FL 33950							
			84	City		FL 85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-	named corpor	ration submits this statement for the purp and of directors. Thereby accept the appo	oose of changing its re	gistered office
familiar with	h, and accept the obligations of, Section	on 607.0505, Florida Statutes.	o by the corp	ioration's boa	ird or directors. Thereby accept the appo	militient as registered a	agent. ram
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Age	nt signature reguire	ad when renstating)	DATE	Ì,
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		· · · · · · · · · · · · · · · · · · ·
TITLE	PD DELETE		1 1 TITLE			Change	Addition
NAME STREET ADDRESS	FREDDIE, MICHAEL L 2310 SWEETWATER INDUSTRIAL BLVD.		1.2 NAME	T ADDRESS			
CITY-ST-ZIP	LITHIA SPRINGS GA 30057		1.4 CHY- 5				
TITLE	TD DELETE		2 1 THTLE			Change	Addition
NAME	HOLBROOK, BOBBY E		22 NAME				
STREET ADDRESS	2310 SWEETWATER INDUSTRIAL BLVD. LITHIA SPRINGS GA 30057			T ADDRESS			
CITY-ST-ZIP TITLE	SD	☐ DELETE	24 CITY-5 3 1 TITLE	51-21		☐ Change	Addition
NAME	MICHAEL, ROBERT S.		3.2 NAME				
STREET ADDRESS	2310 SWEETWATER INDUST	rial BLVD.		r address			
CITY-ST-ZIP TITLE	LITHIA SPRINGS GA 30057	DELETE	3.4 CITY-5 4. 1 TITLE	ST-ZIP		Change	Addition
NAME		L.J DECERE	4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			
TITLE	DELETE		5. 1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE	,	☐ DELETE	5.4 C/TY-5 6. 1 T/TLE	51-28		Change	Addition
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREET	F ADDRESS			
CITY-ST-ZIP	,		6.4 CHY-5				
14. I do hereby	certify that the information supplied w	rith this filing is voluntarily furnit	shed and doe	s not qualify f	for the exemption stated in Section 119.0	07(3)(k), Florida Statute	s. I further

certry that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same isgal 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 S'atutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Walker Bobby E. Holbrook 314196 (270)732-2000 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR