## FILE NOW: FILING FEE AFTER MAY 1 IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400000885 (3)

WARRIOR GLASS & ALUMINUM CO., INC.

Principal Place of Business		Mailing Address				* ******** **** (Brit Brait Aftit Batit Batit Aftit Aftit Aftit Aftit Shipt Aftit (Bif) Eith (Sat			
330 S. PARK MEMPHIS TN		330 S. PARKWAY W. MEMPHIS TN 38109-1645							
						3. Date Incorporated or Qualified 02/22/1994	1	ite of Last F 24/1996	Report
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26			<b>62-0948762</b> Not Applicable				
Suite, Ap	ot #, €tc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22	. 1	(C.t., P. Ctolo					<del></del>		lequired
City & Sta	ait)	Crty & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z <sub>(</sub> p	Cou	ntrv	<del></del>	8. This corporation has liability for i			
24	25	29	30			· -	_ ~ ~	No	5. 199.032,
<u></u>	9. Name and Address of Current	- 1 <del></del> 1 - <del></del>			·······	10. Name and Address of New Re		Agent	
C	T CORPORATION			81	Name				
_	22 S. PINE ISLAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
PL	ANTATION FL 33324				000000	(			
				83					
				84	City			85 Zip	Code
					O.I.		FL	<b>30</b> L.,	0000
SIGNATURE	l am familiar with land accept the obliga					ed when reinstating)	DATE	····	
12.	OFFICERS AND		13.	v . g .		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
Tar	P	☐ DELETE	1.1 1)	TLE				Change	Addition
NAME	PATTON, JAMES M		1.2 N	AME					
STREET ADDRESS			1.3 \$	REET	address				
CRY-ST-7 F	GERMANTOWN TN		1 4 C	TY-S	T-ZIP				
TOLE	ST	☐ DELETE	21 TI	TLE				Change	Addition
NAME	PATTON, JUDY		2 2 N.						
STREET ADDRESS			1		ADDRESS				
CCTY - \$1 - 71°	GERMANTOWN TN	Liberte			ST-ZIP			77.05	Addition
TITLE		DELETE	3 1 TI		ŀ		:	☐ Change	LI AUGINOS
NAME	.		32 N		**********		•		
STREET ADDRESS					ADDRESS				
TITLE		☐ DELETE	34. U		ST-ZIP			Change	Addition
NAME			4 2 N						
STREET ADDRESS	5				ADDRESS				
CHY - ST - ZIP					T-ZIP				
lii,f		DELETE	5.1 TI	•				Change	Addition
NAMÉ			5.2 N	AME					
STREET ADDRESS	s		5.3 S	TREET	ADDRESS				
C11Y - \$1 - 7#P			5.4 C	TY-S	T-ZIP				
1015		☐ OEL£TE	6.1 7	TLE				Change	Addition
NAMi			62 N	AME					

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Ho hereby certify that the information supplied with this fiting 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 compration or the receiver or trustee enpowered 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.