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TO: Qualification/Tax Lien Section
Division of Corporations

2000011997202 -07/09/96--01046--006 *****70.00 *****70.00

(Name of corporation - must incli

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beverly Halbraith
(Name of Person)

Mississippi Paint: Alass Co. Inc.

Po Boy 5208
(Address)

(Address)

Meridian, Ms. 39301 (City/State/Zip) DIVISION OF CORPORATION

96 JUL -8 PH 3: 00

Should you need to call someone concerning this matter, please call:

(Name of Person)

at (601) 693-1173
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

- APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mississippi Paint & Glass Co. Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. (State or country under the law of which it is incorporated).
4. 1946 (Date of Incorporation) 5. Persetual (Duration: Year corp. will cease to exister the properties) (Duration: Year corp. will cease to exister the properties)
6. (Da trist transacted business in Florida, (SER SECTIONS 607 1501 607 1503 AMB UT 150
7. Mississippi Paint: Glass Co., Ina
P. O. Box 5208 Meridian Ms. 39301
8. Alum Italian Win done Hass (Purpose(s) of corporation in merized in house state of country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: <u>Seal Moore</u> Office Address: <u>5535 Seaspray Drive</u> <u>Persacola</u> , Florida, <u>32507</u> 10. Registered agent's acceptance: (Zip Code)
Office Address: 5535 Season Drive
Persacola , Florida , 3250 7 10. Registered agent's acceptance: (Zip Code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is

A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: ___ Vice Chairman: Address: Director: Address: Director: __ Address: __ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: al. 34561 Vice President: Address: _ Secretary: Address: 30637 al 36561 Treasurer: _ Melanie Address: ____ 306:37 Harborn Drive Beach, al 36561 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Tames W. Barkam - Pres.
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

STATE OF MISSISSIPPI

SECRETARY OF STATE'S OFFICE

ERIC CLARK SECRETARY OF STATE JACKSON, MISSISSIPPI

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 20,1946 the state of Mississippi issued a Charter/Certificate of Authority to:

MISSISSIPPI PAINT AND GLASS COMPANY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand and seal of office June 19,1996

ERIC CLARK Secretary of State