

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F96000005944 (1)**

1. Corporation Name

**HAUSER ART GLASS COMPANY, INC.**

Principal Place of Business  
**4046 WEST 4TH STREET  
WINONA MN 55987**

Mailing Address  
**4046 WEST 4TH STREET  
WINONA MN 55987**

**FILED**  
**Aug 12 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/13/1996**

4. FEI Number

**41-0872703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATE ACCESS  
1116-D THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **HAUSER, MICHAEL F**  
STREET ADDRESS **4046 WEST 4TH STREET**  
CITY-ST-ZIP **WINONA MN 55987**

TITLE **D** ☐ DELETE  
NAME **HAUSER, MICHAEL**  
STREET ADDRESS **4046 WEST 4TH STREET**  
CITY-ST-ZIP **WINONA MN 55987**

TITLE **DV** ☐ DELETE  
NAME **HAUSER, JAMES A**  
STREET ADDRESS **4046 WEST 4TH STREET**  
CITY-ST-ZIP **WINONA MN 55987**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 or 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 changed, or on an attachment with an address.

SIGNATURE: **Michael F. Hauser** **Michael F Hauser** **7/6/98** **507-451-3500**

CR2E034 (5/98)



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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 20, 1998

HAUSER ART GLASS COMPANY, INC.  
4046 WEST 4TH STREET  
WINONA, MN 55987

SUBJECT: HAUSER ART GLASS COMPANY, INC.  
Ref. Number: F96000005944

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORT SECTION

Letter number: 898A00038355

1w ps. Please send me a letter telling me when I must pay the \$150 next year to avoid this extra amount. Please be advised that a first notice was NOT received. When I received this notice I phoned your division and was told to just send the \$150 because I wasn't sent a 1st notice. Therefore, I have only paid \$150. I can be reached at 507-457-3500. Let's make sure this is resolved before 9/3/98.