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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **G19068** **(7)**

1. Corporation Name
ALLIANCE GLASS AND SUPPLY, INC.

Principal Place of Business	Mailing Address
% KEITH W. MCLEOD 4625 OLD WINTER GARDEN RD A-2 BOX 560697 ORLANDO FL 32856-7697	% KEITH W. MCLEOD 4625 OLD WINTER GARDEN RD A-2 BOX 560697 ORLANDO FL 32856-7697

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 ALLIANCE GLASS & SUPPLY INC	26 ALLIANCE GLASS & SUPPLY INC	01/13/1983	05/24/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22 2313 SILVER STAR ROAD	27 2313 SILVER STAR ROAD	59-2248080	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 ORLANDO FL	28 ORLANDO FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 32804 / 25 ORANGE	29 32804 / 30 ORANGE		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLEOD, KEITH W. 4625 OLD WINTER GARDEN RD SUITE A-2 ORLANDO FL 32811	81 Name: MANOHARAN, ARUL 82 Street Address (P.O. Box Number is Not Acceptable): 2313 SILVER STAR ROAD 83 84 City: ORLANDO FL 85 Zip Code: 32804

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 A. Manoharan ARUL MANOHARAN 04 · 30 · 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, DUWAYNE	1.2 NAME		
STREET ADDRESS	1753 PAM CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	D	☑ Change ☐ Addition
NAME	MCLEOD, KEITH	2.2 NAME	MANOHARAN, ARUL	
STREET ADDRESS	860 LENMORE CT.	2.3 STREET ADDRESS	2313 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		3.1 TITLE	D	☐ Change ☑ Addition
NAME		3.2 NAME	REISELT, RICHARD	
STREET ADDRESS		3.3 STREET ADDRESS	2313 SILVER STAR ROAD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: A. Manoharan 04 · 30 · 95 407-297-9027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418071 FP