FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUN 14 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G32020 (1)

1. Corporation Name

~~SCHMIDT PRECISIONGLASS OF AMERICA, INC.~~
GLASS TECHNOLOGY, INC.

000001515710
-06/16/95--01083--004
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 ARRICOLA AVE P O BOX 2196 ST AUGUSTINE FL 32085-2196 US ✓	P O BOX 2196 ST AUGUSTINE FL 32085-2196 US ✓

3. Date Incorporated or Qualified: 04/06/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2405538 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCLURE, GEORGE M.
~~THREE PALM ROW~~
~~ST. AUGUSTINE FL 32084~~
(SAME AGENT, NEW ADDRESS)

10. Name and Address of New Registered Agent

81 Name: MCCLURE, GEORGE M.
82 Street Address (P.O. Box Number is Not Acceptable): 81 KING STREET
83:
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	11 TITLE	PTS ☒ Change ☐ Addition
NAME	SCHMIDT, ADOLF	12 NAME	SVEN GOETTLE
STREET ADDRESS	RADAUWEG 13 P O BOX 161	13 STREET ADDRESS	LINDENSTRASSE 15
CITY ST ZIP	~~A4820 BAD ISCHL AU~~	14 CITY ST ZIP	D 73326 DEGGINGEN, GERMANY
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, ADOLF	22 NAME	N/A
STREET ADDRESS	~~LINDENSTR 19 D-7345 DEGG~~	23 STREET ADDRESS	
CITY ST ZIP	~~REICHENBACH, W GRMY00000~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Sven Goettle SVEN GOETTLE 6-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director

0402233 FP