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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

. Corporation	MENT # G545 Name UNT GLASS SERVICE, IN	\	2)					EXELLENCE MAIN
rincipal Place o	of Business	Mailing Address						
% CONNIE M. EDEN 14615 U.S. 19		% CONNIE M. E 14615 U.S. 19						
HUDSON FL :	34667	HUDSON FL 34	567		3. Date Incorporated or Qualified 08/17/1983	3a. Date o	of Last Re /15/198	
, Principal Piar	ce of Business	2a. Mailing Addres	s		4. FEI Number			Applied For
Suite, Apt. #		26 Suite, Apt. #, 6	etc.		59-2330841			Not Applicable Additional
	1 0.0	27			5. Certificate of Status Desired			Required
Oity & State		City & State		•	6. Election Campaign Financing			D May Be
Zip	Country	28		Country	Trust Fund Contribution 8. This corporation has liability for			to Fees 199.032.
<u> </u>	25	29	30		Florida Statutes	S □No		
	g. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New F	Registered A	gent	
EDEN C	CONNIE M.				(D.O. D., M. ark., 15-May Associated	-1-1		
14615 U.				82 Street Addr	ress (P.O. Box Number is Not Acceptal	Oie)		
	N FL 33567			83				
				84 City		FL	85 Zip	Code
or registere	ed agent, or both, in the State of Fix	orida. Such change was a	Statutes, the l uthorized by th	above-named corpor he corporation's boar	ration submits this statement for the pu rd of directors. I hereby accept the app	rpose oi chari pointment as re	egistered	agent. I am
familiar with GNATURE _ s	n, and accept the obligations of, Se Sky after typen or printed name of registered as	ection 607.05/05, Florida Signification	(NOTE Regist	tered Agent signature required		DATE		
familiar with	n, and accept the obligations of, Se Sky after typen or printed name of registered as	ection 607.05/05, Florida S	(NOTE Regist			DATE ICERS AND L		
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SIGNATURE: SIGNATURE and Typed on Printing Name of Signing Officer on

2/16/96 \\ 813-868-0111 Date \text{Date Prone I