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 FEB 28 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G77044** **(7)**

1. Corporation Name
THREE M GLASS, INC.

Principal Place of Business	Mailing Address
P O BOX 8 LAUREL FL 34272	P O BOX 8 LAUREL FL 34272

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21 200 Rich Street
22 Suite, Apt. #, etc.
23 City & State: Venice, FL
24 Zip: 34292
25 Country:

2a. Mailing Address
26 200 Rich Street
27 Suite, Apt. #, etc.
28 City & State: Venice, FL
29 Zip: 34292
30 Country:

4. FEI Number: 59-2350979 ☐ 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

MUECKE, DONALD J.
507 E LAUREL RD
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 Rich Street
83
84 City: Venice, FL 85 Zip Code: 34292

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	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	MUECKE, DONALD J.	1.2 NAME	MUECKE, Donald J.
STREET ADDRESS	507 E LAUREL RD	1.3 STREET ADDRESS	200 Rich Street
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	TSD	2.1 TITLE	TSD ☑ Change ☐ Addition
NAME	MUECKE, E. DELORES	2.2 NAME	MUECKE, E. DELORES
STREET ADDRESS	507 E LAUREL RD	2.3 STREET ADDRESS	200 Rich Street
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	VD	3.1 TITLE	VD ☑ Change ☐ Addition
NAME	MUECKE, DANE	3.2 NAME	DANE MUECKE
STREET ADDRESS	507 E LAUREL RD	3.3 STREET ADDRESS	200 Rich Street
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	V	4.1 TITLE	V ☑ Change ☐ Addition
NAME	MUECKE, PETER H.	4.2 NAME	MUECKE, Peter H.
STREET ADDRESS	507 E LAUREL RD	4.3 STREET ADDRESS	200 Rich Street
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	Venice, FL 34292
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: Donald J. Muecke Donald J. Muecke 1-30-95 (813) 485-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

G95028 FP