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 APR -7 AM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H44737** **(5)**

1. Corporation Name

CENTRAL GLAZING CONTRACTORS, INC.

Principal Place of Business
~~% GALE BANKS~~
4044 N.W. 44 COURT
LAUDERDALE LAKES FL 33319

Mailing Address
~~% GALE BANKS~~
4044 N.W. 44 COURT
LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1985
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-2506307 — 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

~~BANKS, GALE~~
~~2008 COUNTRY CLUB DR~~
~~LYNN HAVEN FL 32444~~

10. Name and Address of New Registered Agent

81 Name: REGINA L. PETERSON
82 Street Address (P.O. Box Number is Not Acceptable): 4044 N.W. 44th CT
83
84 City: LAUDERDALE LAKES, FL — 85 Zip Code: 33319

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: Regina Peterson (Regina Peterson) Secretary/treasurer — DATE: 4/4/95
(Signature of a member of the Board of Directors or Officer) (If P.O. Registered Agent signature required after resignation)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~BANKS, JOHN~~
STREET ADDRESS	~~2008 COUNTRY CLUB DR~~
CITY, ST, ZIP	~~LYNN HAVEN FL~~
TITLE	ST
NAME	~~BANKS, GALE~~
STREET ADDRESS	~~2008 COUNTRY CLUB DR~~
CITY, ST, ZIP	~~LYNN HAVEN FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	THEODORE J TAFF	
1.3 STREET ADDRESS	4161 N. HIATUS RD. #304	
1.4 CITY, ST, ZIP	SUNRISE, FLA. 33351	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	JOSEPH V TAFF	
2.3 STREET ADDRESS	4947 N.W. 94th TERR.	
2.4 CITY, ST, ZIP	SUNRISE, FLA. 33351	
3.1 TITLE	ST	☒ Change ☐ Addition
3.2 NAME	REGINA L. PETERSON	
3.3 STREET ADDRESS	715 N.E. 5th AVE.	
3.4 CITY, ST, ZIP	POMPANO BEACH, FLA. 33060	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 the 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: Regina Peterson (Regina Peterson) 4/4/95 305-735-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028636 CP