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 20 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47976

1. Corporation Name
TAB GLASS & WINDOW CO., INC.

Principal Place of Business
2222 1st Ave So.
ST. PETERSBURG, FL 33712

Mailing Address
P.O. BOX 15106
ST PETERSBURG, FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/88
3a. Date of Last Report: 4/15/94

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—1918576 — 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
CORPORATION INFORMATION SERVICES INC
1201 HAYES STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	D/P
NAME	TIERNEY, WILLIAM R., JR.
STREET ADDRESS	261 E. GROAVE ST
CITY-ST-ZIP	CLARKS SUMMIT PA
TITLE	D/S
NAME	TIERNY, CHERYL
STREET ADDRESS	216 E. GROVE STREET
CITY-ST-ZIP	CLARKS SUMMIT, PA
TITLE	V
NAME	WERTA, JOHN R
STREET ADDRESS	14810 RUE DE BAYONNE
CITY-ST-ZIP	CLEARWATER, FL 34622
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	200001411652
2.1 TITLE	-02/21/95--01103--003 ☐ Change ☐ Addition
2.2 NAME	****200.00 ****200.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	T.S. 2/20/95
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 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)(k), 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 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: John R. Wertz — JOHN R. WERTZ — 2/9/95 — 813—323-7040
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #