

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L51374

1. Entity Name
NICEVILLE GLASS, INC.



Principal Place of Business

739 JOHN SIMS PKWY E
NICEVILLE, FL 32578 US

Mailing Address

739 JOHN SIMS PKWY E
NICEVILLE, FL 32578 US

DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3000625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RADFORD, ANNA C
136 3RD STREET (HOME)
NICEVILLE, FL 32578

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000773763
09/11/07-80005-023 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME LOWE, KENNETH E.
STREET ADDRESS 410 MONETT AVE.
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE S
NAME SMITH, MITCHELL L.
STREET ADDRESS 3398 HIGHWAY 2
CITY-ST-ZIP LAUREL HILL, FL 32567

TITLE VP
NAME RADFORD, ANNA C
STREET ADDRESS 136-3RD ST.
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth E. Lowe* **Kenneth E Lowe** 9/5/07 (850) 678-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #