| DOCUMENT # P00000061645  |                                |   |  |  |                   |  |                                |  |            |             |
|--|--------------------------------|---|--|--|-------------------|--|--------------------------------|--|------------|-------------|
| •  |                                | CORN GLASS INC.                               |  | <i>A</i>   |                   | 01 007 18                                | AM 10: 01                      |  |            |             |
| Principal Place<br>1409 NE ELEAT<br>JENSEN BEACE   |                                |   | Mailing Address<br>1409 NE ELEANOR AVE.<br>JENSEN BEACH FL 34957 | <i> ▶</i>  | No.               | SECRETARY<br>TALCAHASSI                  | OF STATE                       |  |            |             |
| 2. Principal Place of Business   |                                |   | 3. Mailing Address   |  |                   |  |                                |  |            |             |
| Suite, Apt. #, etc.  |                                |   | Suite, Apt. #, etc.  |  | -                 | DO NOT WRITE IN THIS SPACE               |                                |  | ! '        |             |
| City & State   |                                |   | City & State   |  | 4. FEI Number     | 4. FEI Number Applied For Not Applicable |                                |  | 1.         |             |
| Zip  |                                | Country                                       | Zip  | Country  | 5. Certificate of | Status Desired                           | 8.75 Additional<br>se Required |  | !          |             |
|  | 6. Name a                      | nd Address of Current R                       | egistered Agent  | Name   | 7. Name and A     | ddress of New Registered Ag              | ent                            |  |            |             |
| PETERS, TERRY 1409 NE ELEANOR AVE. JENSEN BEACH FL 34957   |                                |   |  |  |                   |  |                                |  |            |             |
| City FL Zip Code   |                                |   |  |  |                   |  |                                |  |            | <u> </u>    |
| 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.  SIGNATURE  Signature, hipsel or printed name of registered agent and title if applicable. (MOTE: Registered Agent algorithms required when remaining)  9. This corporation is eligible to satisfy its Intangible  'FILE NOW IT! FEE IS \$150.00  10. Election Campaign Financing  \$5.00 May Be   |                                |   |  |  |                   |  |                                | 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -  |            |             |
|  | requirement an<br>ria on back) | d elects to do so.                            |  | 01 Fee will be \$550.00<br>le to Department of S | Trust             | Fund Contribution.                       | Added to Fees                  |  |            |             |
| II.  | D                              | OFFICERS AND D                                | Delete   | 12.  | ADDITIONS/CI      | HANGES TO OFFICERS AND                   | Change Addition                | g  |            |             |
| NAME<br>STREET ADDRESS :<br>CITY-ST-ZIP  | PETERS, TI<br>1409 NE EL       | LEANOR AVE                                    |  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |                   |  | 000466<br>-11/01/01            | - <b>80 80</b> 69  | <b>1</b> ' | - <b> 5</b> |
| TITLE NAME STREET ADDRESS CITY-ST-ZUP  | D<br>PETERS, E<br>1409 NE EL   | ACH FL 34957  /ELYN  EANOR AVE.  ACH FL 34957 | . Defets   | TITLE NAME STREET ADDRESS CITY-ST-ZIP            |                   |  | Criange * 1 Addution           |  | **400.     | .00         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP            |                   |  | Tchange ↑                      |  |            |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP            | ,                 |  | Change Addition                | 5277-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  |            |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                |   | ☐ Delete   | TITLE  MAME  STREET ADDRESS  CITY-ST-ZEP         | <u> </u>          | فیمینیستاند میسید جستی دی میسا           | Change Addition                | Acquest (magnetic)   |            |             |
| TITLE NAME STREET ADDRESS CITY_SY_ZIP,   |                                |   | ☐ Deletz   | TITLE NAME STREET ADDRESS CITY-ST-ZIP            | ,<br>             |  | Change Addition                | VESTINATION OF THE PROPERTY OF |            |             |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that fly signalure shall have the same legal effect as if made under osth; 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 11 or Block 12 if changed, or on an attachment with an address, with all other than the same legal effect as if made under osth; 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 11 or Block 12 if |                                |   |  |  |                   |  |                                |  |            |             |
| SIGNAT   | TURE:                          | BIGNATURE AND TYPED OR PRI                    | INTED MAME OF SIGNING OFFICER C                                  | 1 por  | me Phone #        |  |                                |  |            |             |
|  |                                |   | •  |  |                   |  |                                | <b>■報</b> 到  |            | <b>i</b>    |