FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026353 (9)

1. Corporation Name

LEE & CATES EASTSIDE GLASS, INC.

Principal Place of Business	Mailing Address
142 MADISON ST JACKSONVILLE FL 32204	142 MADISON ST JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 04/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3309553 ☐ 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

BRANT, MOORE, SAPP, MACDONALD & WELLS
142 MADISON ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Thomas D. Lee III
82 Street Address (P.O. Box Number is Not Acceptable)
83 142 Madison St.
84 City: Jacksonville FL 85 Zip Code: 32203

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] Thomas D. Lee III (Pres) 4-23-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	CD ☐ Change ☐ Addition
NAME	LEE, THOMAS D JR	1.2 NAME	
STREET ADDRESS	142 MADISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	PADGETT, RICK Z	2.2 NAME	
STREET ADDRESS	142 MADISON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	PD ☐ Change ☐ Addition
NAME	LEE, THOMAS D III	3.2 NAME	
STREET ADDRESS	142 MADISON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	STD ☐ Change ☐ Addition
NAME	PADGETT, MARY M	4.2 NAME	MAUDE PADGETT
STREET ADDRESS	142 MADISON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001800696
STREET ADDRESS		5.3 STREET ADDRESS	-04/30/96--01018--040
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	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)(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 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: MAUDE PADGETT [signature] 3-20-96 904-354-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

5/2/96