

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026365 (3)

1. Corporation Name

LEE & CATES NORTHSIDE GLASS, INC.



Principal Place of Business

142 MADISON ST
JACKSONVILLE FL 32204

Mailing Address

142 MADISON ST
JACKSONVILLE FL 32204

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS
50 N LAURA ST
SUITE 3100
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

04/01/1995

3a. Date of Last Report

4. FEI Number

59-3309555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Thomas D. Lee III

82. Street Address (P.O. Box Number is Not Acceptable)

142 Madison St.

83. City

Jacksonville

FL

85. Zip Code

32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas D. Lee III

Thomas D. Lee III (Pres.)

4-23-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEE, THOMAS D JR	
STREET ADDRESS	142 MADISON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	☐ DELETE
NAME	PADGETT, RICK Z	
STREET ADDRESS	142 MADISON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	☐ DELETE
NAME	LEE, THOMAS D III	
STREET ADDRESS	142 MADISON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	☐ DELETE
NAME	PADGETT, MARY M	
STREET ADDRESS	142 MADISON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	STD	☐ Change ☐ Addition
4.2 NAME	MAUDE PADGETT	
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 registered agent 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
Maude Padgett

3-20-96

904-354-4643

DATE

DATE

CR2E034 (12/95)