

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026371 (1)**  
1. Corporation Name  
**LEE & CATES BEACHES GLASS, INC.**

Principal Place of Business <b>142 MADISON ST JACKSONVILLE FL 32204</b>	Mailing Address <b>142 MADISON ST JACKSONVILLE FL 32204</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/01/1995</b>	
				4. FEI Number <b>59-3309557</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEE, THOMAS D 142 MADISON ST JACKSONVILLE FL 32203</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
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	VPD	2.1 TITLE	
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	PD	3.1 TITLE	
NAME	LEE, THOMAS D M	3.2 NAME	
STREET ADDRESS	142 MADISON ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32204	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	PADGETT, MAUDE M	4.2 NAME	
STREET ADDRESS	142 MADISON ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32204	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 - Maude Padgett*

4-14-98

904-354-4643

CR2E034 (10/97)