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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000026385 (1) LEE & CATES MANDARIN GLASS, INC. a legalater die Jeug Bull Bull being being being being being bisen bisen die being bein jedi Principal Place of Business Mailing Address 142 MADISON ST 142 MADISON ST JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3309576 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEE. THOMAS D III 142 MADISON ST. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 City Zip Code

**FILED** Apr 24 1998 8:00am Secretary of State

Applied For Not Applicable

☐ No

CR2E034

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 it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition LEE. THOMAS D JR NAME 1.2 NAME 142 MADISON ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIE 1.4 CITY - ST - 2IP DELETE Change Addition TITLE 2.1 TITLE PADGETT, RICK Z NAME 2.2 NAME 142 MADISON ST 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE LEE, THOMAS D III 3.2 NAME NAME 142 MADISON ST 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Change Addition TITLE 4.1 TITLE PADGETT, MARY M NAME 4. 2 NAME 142 MADISON ST STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32204 CFTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 trusted 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: Man

4-14-98