

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAR 14 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047369

1. Corporation Name:

Sherandoah Group, Inc.

Principal Place of Business

Mailing Address

*2112 N. 15th Street, Suite 101
TAMPA, FL 33605*

2. Principal Place of Business

2a. Mailing Address

Same

Same

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

28. Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

6-15-95

4. FEI Number

59-3362743

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

10. Name and Address of New Registered Agent

*Sparr, Mike
2112 N. 15th Street, Suite 101
TAMPA, FL 33605*

81. Name

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

83.

84. City

FL

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:

M. Sparr

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
*Thomas J. McMullen, Jr.
P. D.
2112 N. 15th Street, Suite 101, TAMPA, FL 33605*

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
*Michael D. Sparr
UP/D
(Same)*

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**900002114159--4
-03/14/97--01105--001
***173.75 ***173.75**

JB3-14-97

14. I do 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, or on an attachment with an address.

SIGNATURE:

T. J. McMullen, Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97 (813)247-2828

Date

Daytime Phone #

CR2E034 (9/96)

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

APPROVED AND FILED

1997 MAR 14 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004332 (3)

1. Corporation Name
TEMPGLASS GROUP, INC.



Principal Place of Business
14160 DALLAS PARKWAY, SUITE 850
DALLAS TX 75240

Mailing Address
14160 DALLAS PARKWAY, SUITE 850
DALLAS TX 75240-7312

3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 09/13/1996
4. FEI Number 34-1749812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *John Schuchman* DATE: 3/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WITTSTOCK, JOHN 14160 DALLAS PARKWAY, SUITE 850 DALLAS TX 75240	1.1 TITLE	Change Addition
NAME	VPST QUICK, JERRY 14160 DALLAS PARKWAY, SUITE 850 DALLAS TX 75240	1.2 NAME	300002113989--5
STREET ADDRESS	AS HINES, MOLLY 14160 DALLAS PARKWAY, SUITE 850 DALLAS TX 75240	1.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP	D O'MAHONY, LIAM 375 NORTHRIDGE ROAD, SUITE 350 ATLANTA GA 30350	1.4 CITY-STATE-ZIP	Change Addition
TITLE	D LYNCH, MICHAEL 375 NORTHRIDGE ROAD, SUITE 350 ATLANTA GA 30350	2.1 TITLE	Change Addition
NAME		2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Change Addition

14. I do 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: *[Signature]* Vice President 10 Mar 97 (972) 663-3818

CR2E034 (9/96)