SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000072142 (9)**

1. Corporation Name
THE GLASS GALLERY INC.

Principal Place of Business	Mailing Address
7214 N. DALE MABRY HWY **TAMPA FL 33614**	**7214 N. DALE MABRY HWY** **TAMPA FL 33614**

3. Date Incorporated or Qualified: **09/18/1995** | 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: 59-3337903 — 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

~~DORSEY, DAVID~~
~~7867 SANTA MARIA BLVD #101~~
~~ST. PETERSBURG FL 33707~~

10. Name and Address of New Registered Agent

81 Name: DAVID B DORSEY
82 Street Address (P.O. Box Number is Not Acceptable): 7214 N. DALE MABRY
83: TAMPA FL
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 _____ (If changing Registered Agent, Registered Agent's signature required below) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DAVID B DORSEY President	☑ Change ☐ Addition
NAME	~~DORSEY, DAVID~~		1.2 NAME		
STREET ADDRESS	~~7867 SANTA MARIA BLVD #101~~		1.3 STREET ADDRESS	7214 N. DALE MABRY	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33707~~		1.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			2.2 NAME	Mike Leon	
STREET ADDRESS			2.3 STREET ADDRESS	7214 N. DALE MABRY	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David B. Dorsey — 7-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
DAVID B. DORSEY