FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P97000001639 1. Entity Name PANHANDLE GLASS INC. 05-19-2002 90156 044 ***150.00 Principal Place of Business Mailing Address 3683 AVALON BAVD 3683 AVULON BLVD. MILTON FL 32583 (MILTON FL 32583 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3447802 Not Applicable Country Country unter ROSA 5. Certificate of Status Desired Santu Kosa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASAITIS, GERALD..... Street Address (P.O. Bo) Number is Not Acceptable) 3552 SWEET BAY DRIVE **PACE FL 32571** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box (See criteria on back) Added to Fees. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE \ ______. ☐ Delete Change CR2E034 (9/01) NAME MASAITIS, GERALD NAME STREET ADDRESS 3552 SWEET BAY DRIVE STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP U.P.S. TITLE Gloria D MASAITI'S Delete TITLE ☐ Change Addition NAME CORDINE, FRANCES L 3552 SUCET BAY DR NAME STREET ADDRESS 4627 WOODBINE RD LOT 1 STREET ADDRESS Pace FlA CITY-ST-7IP PACE FL 32571 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: