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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 24 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084483

1. Corporation Name
Heritage Glass & Window, Inc

Principal Place of Business	Mailing Address
1215 SE Elm St. High Springs, Fl 32643	P.O. Box 3207 High Springs, Fl 32655-3207

(61.25)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-98

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: 59-3539674 — 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Mary C. Melfi
1215 SE Elm St
High Spr. Fl 32643

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

600002894816--8
-06/04/99--01028--011
*****61.25 *****61.25

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: Mary C. Melfi — Mary C. Melfi — 5/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Robert E. Melfi	
STREET ADDRESS	1215 SE Elm St.	
CITY-ST-ZIP	High Springs, Fl 32643	
TITLE	Vice-President	[ ] DELETE
NAME	William A. Biello	
STREET ADDRESS	Rt. 2 Box 380	
CITY-ST-ZIP	High Springs, Fl 32643	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Secretary	[ ] Change [X] Addition
12 NAME	Mary C. Melfi	
13 STREET ADDRESS	1215 SE Elm St.	
14 CITY-ST-ZIP	High Springs, Fl 32643	
21 TITLE	Treasurer	[ ] Change [X] Addition
22 NAME	Sherri L. Biello	
23 STREET ADDRESS	Rt. 2 Box 380	
24 CITY-ST-ZIP	High Springs, Fl 32643	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Mary C. Melfi — 5/7/99 — 904-454-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE