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

PROFIT CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS

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CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

Feb 02 1998 8:00am	1
Secretary of State	

FILED

CUSIO	m Glass & Dooks, Inc.					
Principal Place of Business Mailing Address				I HOUIHOUD FOU CLIBO CHIEL BIRDL OLEH OLDH OLDHE SEDEL	61030 91030 81011 01011 1901	
906 E. ROSE LAKELAND FL US		906 EAST ROSE STREET LAKELAND FL 33801 US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 02/15/1991	
2. Principal P.	lace of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			59-3052605	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the curr	
24	25	29	30			Yes 🔲 No
	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Registered	Agent
906 LAN	ort, charles f 3 East Rose Street Keland FL 33801			83 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize:	d by the corpora	poration submits this statement for the purpose of alion's board of directors. I hereby accept the appropriate the statement for the purpose of the submit of the statement for the purpose of the submit of the sub	changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NO)TE: Registere	d Agent signature requi	uited when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP	DELETE	1.1]]	TLE		Change Addition
NAME	SHORT, DON L.		1.2 N	AME		
STREET ADDRESS	5460 DOGWOOD LANE		1.3 \$7	TREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE GA		1.4 CI	1Y-S1-ZIP		
TITLE			2.1 Tr	TLE		Change Addition
NAME	GIBBS, LONNIE E.		2.2 NA	AME		
STREET ADDRESS	116 ROCK QUARRY RD		2.3 ST	TREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA		2.4 C	ITY-ST-ZIP		
TITLE	DST	DELETE	3.1 Ti	TLE		Change Addition
NAME	SHORT, CHARLES F		3.2 NA	AME		
STREET ADDRESS	106 OAK SQUARE SO.		3.3 ST	TREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 C	STY-ST-7IP		

CITY-ST-ZIP 6.4 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is chapted, or on an attachment with an address.

SIGNATURE

4.1 TITLE

4. 2 NAME

5.1 THILE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

DELETE

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Addition