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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S37747** **(0)**

1. Corporation Name
THOMAS AND SON GLASS AND MIRROR, INC.

Principal Place of Business	Mailing Address
1284A OGDEN ROAD VENICE FL 34292 US	1284A OGDEN ROAD VENICE FL 34292 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0262668	☐ 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 interstate tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

THOMAS, DOUGLAS K.
107 CORPORATION WAY
VENICE FL 34292

10. Name and Address of New Registered Agent

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 Section 607.1005, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1.	P THOMAS, DOUGLAS K 209 MILLET PLACE NOKOMIS FL	☐ Change ☐ Addition
2.	V THOMAS, BRIAN 209 MILLET PLACE NOKOMIS FL	☐ Change ☐ Addition
3.	T THOMAS, CHERYL 209 MILLET PLACE NOKOMIS FL	☐ Change ☐ Addition
4.		☐ Change ☐ Addition
5.		☐ Change ☐ Addition
6.		☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this report is accurate, and that such information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am familiar with and authorized by the corporation to sign this report, 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 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature] 1-APR-1995 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0346322 CP