FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)S70046 AMERICAN GLASS, INC. Principal Place of Business Mailing Address P. O. BOX 162231 P. O. BOX 162231 ALTAMONTE SPRINGS FL 32716-2231 ALTAMONTE SPRINGS FL 32716-2231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3077907 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SORENSON, DOUG 1776 ENTERPRISE-OSTEEN RD. 82 Street Address (P.O. Box Number is Not Acceptable) **ENTERPRISE FL 32728** 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refit OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ___ Change SORENSON, DOUG NAME 1.2 NAME 1776 ENTERPRISE-OSTEEN STREET ADDRESS 1.3 STREET ADDRESS ENTERPRISE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-SY-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

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 of 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TIDE 6.2 NAME

DELETE

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CITY-ST-ZIP

STREET ADDRESS

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Presedul DOUG SORENSON 1/8/98 407 260 9788 SIGNATURE: 0

(10/97) **CR2E034**

Addition

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Change

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Applied For

Not Applicable