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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTM STATE
Sandra B. M
Secretary o
DIVISION OF COPIONS

DOCUMENT # **S95127** **(4)**

1. Corporation Name
DON'S GLASS, INC.

Principal Place of Business
1033 CLAYTON RD
JACKSONVILLE FL 32205

Mailing Address
1033 CLAYTON RD
JACKSONVILLE FL 32254-22

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 ntry 30

3. Date Incorporated or Qualified: **11/18/1991**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3093905** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STEPHENS, DONALD G.
1033 CLAYTON RD
JACKSONVILLE FL 32205

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 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 Stes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	STEPHENS, DONALD G.	
STREET ADDRESS	1033 CLAYTON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	ALLEN, COREY	
STREET ADDRESS	8985 NORMANDY BLVD., LOT 253	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☐ DELETE
NAME	STEPHENS, JEFFREY R.	
STREET ADDRESS	1033 CLAYTON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
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

1.1 TLE		☐ Change ☐ Addition
1.2 ME		
1.3 EET ADDRESS		
1.4 Y-ST-ZIP		
2.1 LE		☐ Change ☐ Addition
2.2 ME		
2.3 EET ADDRESS		
2.4 TY-ST-ZIP		
3.1 LE		☐ Change ☐ Addition
3.2 ME		
3.3 REET ADDRESS		
3.4 TY-ST-ZIP		
4.1 TLE		☐ Change ☐ Addition
4.2 NAME		
4.3 TREET ADDRESS		
4.4 ITY-ST-ZIP		
5.1 TLE		☐ Change ☐ Addition
5.2 NAME		
5.3 TREET ADDRESS		
5.4 ITY-ST-ZIP		
6.1 TLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Donald G Stephens FILED 4-24-97 9047836748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #