SIGNATURE: R E KOLLAR

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :

SIGNATURE:

Title	D	Title	PST
Name	KOLLAR, ROBERT E	Name	KOLLAR, ROBERT E
Address	515 N KROME AVE	Address	515 N KROME AVE
City-State-Zip:	HOMESTEAD FL	City-State-Zip:	HOMESTEAD FL

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

2018 FLORIDA PROFIT CORPO	RATION ANNUAL REPORT
DOCUMENT# K51758	

Entity Name: HOMESTEAD GLASS CO.

Current Principal Place of Business:

% ROBERT E. KOLLAR 515 N KROME AVE HOMESTEAD, FL 33030

Current Mailing Address:

% ROBERT E. KOLLAR 515 N KROME AVE HOMESTEAD, FL 33030

FEI Number: 65-0089286

Name and Address of Current Registered Agent:

KOLLAR, ROBERT E. 515 N KROME AVE HOMESTEAD, FL 33030 US FILED Mar 01, 2018 Secretary of State CC1004707548

Certificate of Status Desired: No

Date

03/01/2018

irector Detail

PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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