

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K51758

**Entity Name:** HOMESTEAD GLASS CO.

**Current Principal Place of Business:**

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

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC0050060841**

**Current Mailing Address:**

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

**FEI Number:** 65-0089286

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

**SIGNATURE:** R E KOLLAR

**PRESIDENT**

**01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date