

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000016856

**Entity Name:** CAPITOL GLASS & ALUMINUM COMPANY, INC.

**Current Principal Place of Business:**

4811 HUNT ST.  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

P. O. BOX 60366  
JACKSONVILLE, FL 32236-0366 US

**FEI Number:** 59-3182986

**Certificate of Status Desired:** No

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

HOLTON, PAMELA S  
4811 HUNT ST.  
JACKSONVILLE, FL 32254 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            PTS  
Name            HOLTON, PAMELA S  
Address        6101-1 JONES RD.  
City-State-Zip: JACKSONVILLE FL 32219

Title            D  
Name            REED, BEN  
Address        6101 JONES RD.  
City-State-Zip: JACKSONVILLE FL 32219

Title            D  
Name            REED, REBA  
Address        6101 JONES RD.  
City-State-Zip: JACKSONVILLE FL 32219

*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:** PAMELA S. HOLTON

**PRESIDENT**

**03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date