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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gordon B. Norton
Secretary of State
Tallahassee, Florida 32399-0400

APR 11 1995 10:40
TALLAHASSEE
FLORIDA

DOCUMENT # **J68371** (0)
1. Corporation Name
BOB'S AUTO GLASS, INC.

Principal Place of Business: **5000 LAKEWORTH RD. LAKE WORTH FL 33463 US**
Mailing Address: **5921 WOODWARD CT. LAKE WORTH FL 33463 US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **04/17/1987** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0004711** 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**
7. The corporation has liability by extended tax under S. 1391(b)(2) Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. State Apt # etc: 26. State Apt # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent
**TULLER, DENISE M.
5921 WOODWIND CT
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as set forth 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
01. TITLE	PDT	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	TULLER, DENISE M	12. NAME	
03. STREET ADDRESS	5921 WOODWIND CT	13. STREET ADDRESS	
04. CITY, ST, ZIP	LAKE WORTH FL	14. CITY, ST, ZIP	
05. TITLE	VSD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME	TULLER, EDWARD P.	22. NAME	
07. STREET ADDRESS	5921 WOODWIND CT	23. STREET ADDRESS	
08. CITY, ST, ZIP	LAKE WORTH FL	24. CITY, ST, ZIP	
09. TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY, ST, ZIP		44. CITY, ST, ZIP	
17. TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY, ST, ZIP		54. CITY, ST, ZIP	
21. TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or in an attachment with an address.

SIGNATURE: *Denise M. Tuller - Pres.* **Denise M. Tuller** 4-25-95 (407) 433-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR