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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DOCUMENT #

1. Corporation Name

Feb 24 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS M87319 (3) CUSTOM GLASS TINTING OF LAKELAND, FL. Mailing Address 1322 GARY RD F

FILED

Principal Place of Business 1322 GARY RD E LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1988 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-2898125 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žψ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name **BOYKIN, SUZANNA** 1322 GARY RD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City Zip Code 85 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 Statutes. **SIGNATURE** Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change ☐ Addition TITLE n NAME BOYKIN, FRANK P. 1.2 NAME 1322 GARY RD E 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME **BOYKIN, SUZANNA** 2.2 NAME STREET ADDRESS 1322 GARY RD E 2.3 STREET ADDRESS LAKELAND FL CITY-\$1-ZIP 2.4 CITY+ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ... Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 conforation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if codinged, or on an attachming that it an address.

SIGNATURE

CITY-ST-ZIP

2-16-56