

2-11-97 B-1666U C
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FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000000869 (6)
1. Corporation Name
WHOLESALE AUTO GLASS, INC.



Principal Place of Business
3955 W LAKE HAMILTON DR
WINTER HAVEN FL 33881

Mailing Address
3955 W LAKE HAMILTON DR
WINTER HAVEN FL 33881-9272

3. Date Incorporated or Qualified
01/06/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3147415

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. 2765 Business Ctr Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26. 2765 Business Ctr Blvd.
Suite, Apt. #, etc.

22. City & State
Melbourne FL

27. City & State
Melbourne FLA.

23. Zip
32940

25. Country

28. Zip
32940

30. Country

9. Name and Address of Current Registered Agent
SIEBOLD, ROY
3955 W LAKE HAMILTON DR
WINTER HAVEN FL 33881

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roy Siebold
NOTE: Registered Agent Signature required when reinstating

10. Name and Address of New Registered Agent

81. Name
Roy SIEBOLD

82. Street Address (P.O. Box Number is Not Acceptable)
2765 Business Ctr Blvd.

83. City
Melbourne

84. State
FL

85. Zip Code
32940

DATE
2-3-97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
SIEBOLD, ROY
3955 W LAKE HAMILTON DR
WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roy Siebold
NOTE: Registered Agent Signature required when reinstating

14. I do hereby 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 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 if changed, or on an attachment with an address.

SIGNATURE: Roy Siebold
DATE: 2-8-97
DAYTIME PHONE: 407-253-0087

CR2E034 (9/96)