FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:28
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000050273 (0)

1. Corporation Name
CRYSTAL RIVER AUTO GLASS, INC.

Principal Place of Business	Mailing Address
1637 WEST GULF TO LAKE HIGHWAY LECANTO FL 34461	1637 WEST GULF TO LAKE HIGHWAY LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3190105 ☐ 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	2a. Mailing Address
21 6745 W. Norvell Bryant Hwy	26 6745 W.Norvell Bryant Hwy
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Crystal River, FL	28 City & State: Crystal River, FL
24 Zip: 34429 — 25 Country	29 Zip: 34429 — 30 Country

9. Name and Address of Current Registered Agent

KNOWLTON, CEDRIC
1637 WEST GULF TO LAKE HIGHWAY
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6745 W. Norvell Bryant Highway
83
84 City: Crystal River, FL 85 Zip Code: 34429

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 Cedric Knowlton 4-25-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KNOWLTON, CEDRIC
STREET ADDRESS	36405 FAIRVIEW HEIGHTS ROAD
CITY ST ZIP	ZEPHYRHILLS FL 33541
TITLE	D
NAME	KNOWLTON, MABEL
STREET ADDRESS	36405 FAIRVIEW HEIGHTS ROAD
CITY ST ZIP	ZEPHYRHILLS FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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: Cedric Knowlton — CEDRIC KNOWLTON 4-25-95 904-795-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382604 CP