

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

00434

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90125 026 ***150.00

DOCUMENT # P98000049718

1. Corporation Name PERFORMANCE GLASS OF N.E. FL, INC.



Principal Place of Business 8286 WESTERN WAY CIR. #D10 JACKSONVILLE FL 32256 Mailing Address 8286 WESTERN WAY CIR. #D10 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1998 4. FEI Number 59-3371795 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent HELMS, DOYLE JR 8286 WESTERN WAY CIR. #D10 JACKSONVILLE FL 32256

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

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, typed or printed name of registered agent and title if applicable DATE Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS TITLE P NAME HELMS, DOYLE JR STREET ADDRESS 8286 WESTERN WAY CIR. #D10 CITY-ST-ZIP JACKSONVILLE FL 32256

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

14. I 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, with all other like empowered.

SIGNATURE: Doyle M. Helms SR. 3-15-99 (904) 443-0010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Phone #

CR2E034 (1/96)