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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J92260

(5)

NACCO WINDSHIELD REPAIR SYSTEMS, INC.

## **FILED** May 01 1998 8:00am Secretary of State



l 											
Principal Place of Business Mailing Address									diail eldii		1811 81814 1881
6565 SCENIC HWY 400 PICKE					CKENS AVE						
PENSAGOLA FL 82514				STE 121				DO NOT WRITE IN THIS SPACE			
US			re US	NSACOLA FL 32503				3. Date Incorporated or Qualified	11113	3FACE	<del></del> 1
				•				09/10/1987			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Т-Т	Applied For
21				26				59-2843215	Not Applicable		
I Suite, ADI. W. etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	GW1		Additional
22				27				5. Certificate of Status Desired	-	Fee	Required
I City & State				City & State				6. Election Campaign Financing	_	\$5.0	O May Be
23				28				Trust Fund Contribution	<u> </u>	Adde	d to Fees
l ZID	Country			Zip Cou			8. This corporation owes or has paid the current year Intangit				
24	25 25 Name and Address of Current			9 30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
011			Current negist	ered Agent		31	Name	10. Name and Address of New Ne	Jistereo .	- Ageill	
GILLISPIE, JAMES C. 8565 SCENIC HWY											
PENSACOLA FL 32514							Street Addre	ss (P.O. Box Number is Not Acceptab	e)		
r Ci	TOROULA II	. 32314			la la	33		1.7			
					L						
					18	34 (	City		FL	85 Zi	p Code
11. Pursuant t	to the provision	ons of Sections	307.0502 and 60	7.1508, Florida Stat	utes, the abo	ove-r	named corpo	ration submits this statement for the p	urpose of	changing	its registered
l office or n	ealstered age	int, or both, in th	e State of Florid	la. Such change wa: . Section 607.0505.	s authorized	by th	he corporatio	n's board of directors. I hereby accep	t the app	ointment i	as registered
	ini janimai win	i, and accept ii	e obligations of	, 3600001 007.0303,	I IOI IOA OLAIG	ics.					į
SIGNATURE Signature, typed or printed naive of registered agent and title if applicable (NOTE Registered Ag								when reinslating)	DATE		<del></del>
12.		OFFICE	RS AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP DP			☐ DELETE	1.1 TITL	E				☐ Change	e 🔲 Addition
NAME		, JAMES C			1.2 NAM	ΙE					
STREET ADDRESS		NIC HWY			1.3 STR	EET AD	DORESS				
CITY-ST-ZIP	PENSACO	JLA PL		Decem	1.4 C(T)		ZIP			Change	. Davidos
TITLE				☐ DELETE	2.1 TITE					Change	e L Addition
NAME					2.2 NAM						
STREET ADDRESS					2.3 STR						Ī
CITY-ST-ZIP				DELETE	2. 4 CIT		·ZIP			☐ Change	e Addition
NAME				the occup	3.2 NAM						
STREET ADDRESS					3.3 STRI		ODRESS				
CITY-\$T-ZIP					3.4. CIT						
TITLE			• • • • • • • • • • • • • • • • • • • •	DELETE	4.1 TITL					Change	e Addition
NAME					4.2 NA	ΛE					
STREET ADDRESS					4.3 STRI	EET AD	DORESS				
CITY-ST-ZIP					4.4 CITY	- 51 - 7	ZIP				
TITLE				DELETE	5.1 TITL	Ē				☐ Change	Addition
NAME					5.2 NAM	IE .					
STREET ADDRESS					53 STRI	EY AD	DRESS				
CITY-ST-ZIP					5.4 City	- ST- Z	ZIP			_	
TITLE				☐ DELETE	6.1 TITL	E			-	☐ Change	Addition
NAME					62 NAM	IE	ŀ				ļ
STREET ADDRESS					63 STAI	et ad	DRESS				
CITY-ST-ZIP					6.4 City	-ST-2	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. 1111 in 1/22-00 050-1/01 - 01 00