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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SHEA'S AUTO GLASS, INC.

FILED

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1313 NW 4TH PLACE 1313 NW 4TH PLACE GAINESVILLE FL 32603-1976 GAINESVILLE FL 32903-1976 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/13/1989</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3017237 Not Applicable 21 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 703 NORTH MAIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE A **GAINESVILLE FL 32601** 84 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE HALL, IRWIN 1.2 NAME NAME 1313 NW 4TH PLACE 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE HALL, ESTELLE R. 2.2 NAME NAME 1313 NW 4TH PLACE 2.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** CHTY-ST-ZIP 2 4 CITY-ST-7IP Change Addition DELETE 3.1 TITLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TIFLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CfTY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS**

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 truetce 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 attractiment with an address.

SIGNATURE: