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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M64496

1. Corporation Name

COBB BROTHERS AUTO GLASS & UPHOLSTERY, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90210 027 ***150.00



Principal Place of Business Mailing Address									
3508 N. FLORIDA AVE. 3508 N. FLORIDA AVE.									
TAMPA FL 33603 TAMPA FL 33603							DO NOT WRITE IN THI	IS SPACE	
							3. Date Incorporated or Qualifed	O OI HOL	
							01/07/1988		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	A	pplied For
21 26 26							59-2880000	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired	\$8.75	Additional
27							5. Certificate of Otatus Desired	Fee R	equired
City & State City & State							6. Election Campaign Financing		May Be
23	28	Country				Trust Fund Contribution		to Fees	
Zip	— — — — — — — — — — — — — — — — — — —			untry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No			ET No		
24	25 9. Name and Address of Curre	29 29 Agent	30	Ϊ—			10. Name and Address of New Registere		74.0
	ur registeren våent		81	Name	!	IV Time read of the troughter			
COBB, REGGIE							(D.O. Davidson in Net Assessed		
3508 N. FLORIDA AVE.				82	Street	et Address (P.O. Box Number is Not Acceptable)			ļ
TAMPA FL 33603				83					
								(as 7in	Codo
				84	City		F	L 85 Zip	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	1 by	the com	corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered
SIGNATURE									
	Signature, typed or printed name of registered ag		<u> </u>	Agen	t signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ODE IN 12
12.	PD OFFICERS A	IND DIRECTORS	S 13. ☐ DELETE 1.1 TIT			!	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	COBB, REGGIE		1210						
NAME	1115 DOGWOOD AVE.				ADDRESS				
STREET ADDRESS	TAMPA FL 33612		1.4 CITY-						
CITY-ST-ZIP TITLE	VPD	☐ DELETE			-21	+		☐ Change	☐ Addition
NAME	COBB, PATRICIA	_ <u> </u>		AME]
STREET ADDRESS	1115 DOGWOOD AVE.		2.3 5	REET	ADDRESS	;			. }
CITY-ST-ZiP	TAMPA FL 33612			πy-s					
TITLE	STD	☐ DELETE	3.1 Tt			1		Change	Addition
NAME	Craine, Denise		3.2 N	AME					
STREET ADDRESS			reet	ADDRESS	;				
CITY-ST-ZIP	TAMPA FL 33624		3.4. C	ITY-S	T-ZIP	\bot			
TITLE		☐ DELETE	4.1 Π	TLΕ				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$	REET	ADDRESS	3			
CITY-ST-ZIP			_	TY-\$1	r-zip	<u> </u>			Paragraph (mg)
TITLE		☐ DELETE	5.1 1₹					Change	Addition
NAME ·			5.2 N						
STREET ADDRESS					ADDRESS	3			
CITY-ST-ZIP				TY-S	r-ZIP	 		Change	Addition
TITLE		☐ DELETE	6.1 TI					☐ Change	
NAME			6.2 N		ADDDCC	.]			
STREET ADDRESS					ADDRESS	<u>`</u>			1
CITY-ST-ZIP			6.4 C	TY-S	-ZP	1			

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:

MIE OF SIGNING OFFICER OR DIRECTOR